

3/15/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

\*\*Enter the email address for this business entity to be used for future  
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Email Address: paws0603@aol.com

FLORIDA LIMITED LIABILITY CO.  
4063 Exeter D, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
12 MAR 15 AM 6:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE  
TALLAHASSEE, FLORIDA

12 MAR 15 AM 9:16

12 MAR 15

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **4063 Exeter D, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4063 Exeter D

Boca Raton, FL 33434

Mailing Address:

4063 Exeter D

Boca Raton, FL 33434

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Hubco Registered Agent Services, Inc.  
Name

155 Office Plaza Drive, 1st Floor  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

Tallahassee, FL 32301  
(City / State / Zip)

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Bruce B. Hubbard  
Registered Agent's Signature - Bruce B. Hubbard, President

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Francine Rocha - 141 Finlay Avenue, Staten Island, NY 10309

MGR

Ellen Gentile - 91 Eagan Avenue, Staten Island, NY 10312

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Francine Rocha

Typed or printed name of signer

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