# #112000041672

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (,                                      |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entry Name)                   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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THE MINSSEF, FLORIDA

K.SALY EXAMINER MAR 26 2012

# **COVER LETTER**

| TO: Registration Se<br>Division of Corp |   |   | •  |  |
|---|---|---|--|--|
| <sub>subject:</sub> Nathar              | n Meshberg, LLC   |   |  | •  |
|   | Name of Limit   | ed Liability Compa                                  | any  |  |
| The enclosed Articles of 0              | Organization and fee(s) are   | submitted for filing                                | <b>3</b> .   |  |
| Please return all correspon             | ndence concerning this mat  | ter to the following                                | :  |  |
| Garth E R                               | osenkrance  |   |  |  |
|   |   | Name of Person                                      |  | 7.3.117. 6.11.   |
| LKD                                     |   |   |  |  |
|   |   | Firm/Company  |  |  |
| 500 Unive                               | rsity Blvd, Suite 2   | 215   |  |  |
|   |   | Address   |  |  |
| Jupiter, FL                             | 33458   |   |  |  |
|   |   | y/State and Zip Code                                |  |  |
| garthr@LKDo                             |   |   |  | •  |
|   | E-mail address: (to be used f   | or future annual repo                               | rt notification)   |  |
| For further information co              | oncerning this matter, please   | e call:   |  |  |
| Garth E Rosenkra                        | ince  | _ <sub>at (</sub> 561                               | 694-1040   |  |
| Name of                                 | Person  | Area Code   | & Daytime Tel  | ephone Number  |
| Enclosed is a check for                 | the following amount:   |   |  |  |
| \$125.00 Filing Fee                     | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filin<br>Certified Cop<br>(additional copy | у  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bo<br>2661 Exe     | ourier Address<br>on Section<br>of Corporation<br>uilding<br>cutive Center (<br>ee, FL 32301 | s  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |  |
|---|--|
| The name of the Limited Liability Com                               | pany is:   |
| Nathan Meshberg, LLC  |  |
| (Must end with the words "Lin                                       | nited Liability Company, "L.L.C.," or "LLC.")                |
| <b>ARTICLE II - Address:</b> The mailing address and street address | of the principal office of the Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:   |
| 118 Clipper Lane<br>Jupiter, FL 33477                               | 118 Clipper Lane<br>Jupiter, FL 33477                        |
|   | 700 7  |
|   |  |

Garth E Rosenkrance

Name

500 University Blvd, Suite 215

Florida street address (P.O: Box NOT acceptable)

Jupiter

<sub>FL</sub> 33458

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| "MGR" = Manager                 |   |
|---------------------------------|---|
| "MGRM" = Managing Membe         | er<br>F   |
| MGRM                            | Ronald Meshberg   |
|                                 | 118 Clipper Lane  |
|                                 | Jupiter, FL 33477   |
|                                 | Suprier, 1 E 30477  |
|                                 |   |
|                                 |   |
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| (Use attachment if necessary)   |   |
|                                 |   |
|                                 | han the date of filing: (OPTIONAL                           |
|                                 | must be specific and cannot be more than five business days |
| days after the date of filing.) |   |
|                                 |   |
|                                 |   |
| REQUIRED SIGNATURE:             |   |
|                                 |   |
| - Agrana                        |   |
| h h                             |   |
| Ronth                           |   |
| Signature of a                  | member of an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## Ronald Meshberg

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)