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Special Instructions to	Filing Officer:	
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EXAMINER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Focal Pointe, LLC	
	of Limited Liability Company
The enclosed Articles of Organization and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
John Lang	
Laws Davis Ones	Name of Person
Lang Design Group	
	Firm/Company
5601 Corporate Way,	
·	Address
West Palm Beach, FL 3	
	City/State and Zip Code
Idg@langdesigngroup.com	be used for future annual report notification)
For further information concerning this matter	
John Lang	at (561 ) 688-9996
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of Sta	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	Street/Courier Address Registration Section ations Division of Corporations Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:
Focal Pointe, LLC	
(Must end with the words "Limited Liabi  ARTICLE II - Address: The mailing address and street address of the property of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5601 Corporate Way, Suite 111 West Palm Beach, FL 33407	5601 Corporate Way, Suite 111 West Palm Beach, FL 33407
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the interest of the	stered Agent. You must designate an individual or another
John Lang	
Name	
5601 Corporate V	Nay, Suite 111
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
West Palm Beach	<sub>FL</sub> 33407
City, St	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 6082F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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			
MGRM	John Lang		
	5601 Corporate Way, Suite 111 West Palm Beach, FL 33407		
MGRM	James Leserra		
<del></del>	5601 Corporate Way, Suite 111		
	West Palm Beach, FL 33407		
<del>** ***</del>			
	·		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the	e date of filing: April 25, 2012 . (QPTIONAL)		
If an effective date is listed, the date must b o or 90 days after the date of filing.)	pe specific and cannot be more than five business days prio		
•	APR 26 APR 26 AHASSE		
<b>REQUIRED SIGNATURE:</b>			
•	PH. 12: 8 FLORID		
Signature of a memb	er or an authorized representative of a member.		
constitutes an affirmation under I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)		
Jame	5 Leserror yped or printed name of signee		
13	yped of printed fiame 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)