# 20000 87923

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>=</i> #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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Effective Date 7/2/12

2012 JUL -5 PM 1:46

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6 2012 T. HAMPTON



#### CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195
REFERENCE: 266345 83838A
AUTHORIZATION : Smell of a second
COST LIMIT : \$ 160.00
ORDER DATE : July 5, 2012
ORDER TIME : 1:14 PM
ORDER NO. : 266345-005
CUSTOMER NO: 83838A
DOMESTIC FILING
DOMESTIC FILLING
NAME: HEADWAY PARTNERS, LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
The result of th
XX CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Stephanie Milnes - EXT. 2920
EXAMINER'S INITIALS:

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: HEAD	VAY PARTNEF	RS. LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspor	dence concerning this ma	tter to the following:	
Abigail Co	lon		
		Name of Person	
Shapiro, B	lasi, Wasserma	an & Gora, P.A.	
		Firm/Company	
7777 Glad	es Road, Suite <sup>4</sup>	100	
		Address	
Boca Raton,	Florida 33434		
acalan @abud		ty/State and Zip Code	
acolon@sbwl		for future annual report notification)	
For further information co	ncerning this matter, pleas	e call:	
Abigail Colon		at (561 ) 477-7800	
Name of	Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for t	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C. Tallahassee, FL 32301	ircle

# Effective Date 7/2/12

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

A EXCE				,	
ART	ш	ıΚ. I	- N	Яm	e:

The name of the Limited Liability Company is:

## HEADWAY PARTNERS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

#### **Principal Office Address:**

**Mailing Address:** 

6827 W. COMMERCIAL BLVD

TAMARAC, FL 33319

6827 W. COMMERCIAL BLVD

TAMARAC, FL 33319

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.

Name

# 7777 GLADES RD, SUITE 400

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

**BOCA RATON** 

 $\frac{\text{FL } 33434}{\text{City, State, and Zip}}$ 

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..

Michael B. Shapiro
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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managin	g Member
MGRM	MICHAEL J. JANOURA
	6827 W. COMMERCIAL BLVD
	TAMARAC, FL 33319
MGR	ANNA JANOURA
	6827 W. COMMERCIAL BLVD
	TAMARAC, FL 33319
MGR	CHRISTINA JANOURA
	6827 W. COMMERCIAL BLVD
	TAMARAC, FL 33319
(Use attachment if neo	cessary)
	• ,
	if other than the date of filing: <u>July 2, 2012</u> . (OPTIONAL) he date must be specific and cannot be more than five business days prior
to or 90 days after the date of	
REQUIRED SIGNA	TURE:

Michael J. Junoura Signature of a member or 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.)

Michael J. Janoura

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)