Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone

: (215)563-8113

Fax Number

: (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA LIMITED LIABILITY CO. CITY OF PALMS INVESTMENT & ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan MAR - 4 2013

(((H13000048711 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name: The name of the Limited Liability Company is:		
CITY OF PALMS INVES	STMENT & ACQUISITIONS LLC	
(Must end with the words "Lin	nited 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:	
168 Sunset View Drive	168 Sunset View Drive	
Doylestown, PA 18901	Doylestown, PA 18901	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an Individual or another	

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

W. Bradley Munroe	
Name	
239 E. Virginia Street	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	
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.

(CONTINUED) Page 1 of 2

(((H13000048711 3)))

## 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 Membe	er en
MGRM	Kenneth Haas
	168 Sunset View Drive
	Doylestown, PA 18901
(Use attachment if necessary)	
ARTICLE V: Effective date, if other t	han the date of filing: (OPTIONAL)
(If an effective date is listed, the date to or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	member or an authorized representative of a member.
Signature of a	member or an authorized representative of a member.

## 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)

that the facts stated herein are true.)

Page 2 of 2

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

R. W. Worthington, Jr., Authorized Person

Typed or printed name of signee

(((H13000048711 3)))