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| (Rε                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | idress)            |           |
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| (Ci                     | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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B. BOSTICK SEP **1 9** 2013

**EXAMINER** 

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: A PA FLORIDA L.L.C.  Name of Limited Liability Company   |
|   |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Perry C. RoHAN Name of Person   |
| Name of Person  |
| The RoHAN ORAANIZATION ISC-   |
| Firm/Company  |
| 23366 WATER CIXOLE  |
| Addives   |
| Boch RATON, FL 33486  City/State and Zip Code  PROHANG The ROHANOR MIZATION. Com  E-mail address: (to be used for future annual report notification)  For E |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| For further information concerning this matter, please call:  Perry C. Rohan  at (702) 332-9118   |
| A GIOD C TILL NILL  |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee \$\text{Certificate of Status}\$  |
|   |

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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RI | 11 | $\Gamma$ | E | I - | Ns | m | e: |
|---|----|----|----------|---|-----|----|---|----|
|   |    |    |          |   |     |    |   |    |

The name of the Limited Liability Company is:

PA FLORIDA L. L. C.

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:

| <b>Principal Office Address:</b>                | Mailing Address:                             |
|---|--|
| 158 ROY COURT CIRCLE ROYAL PALM BEACH, PL 33411 | 158 ROY COULT CINCLE<br>ROYAL PALM BEACH, FL |
| ROVAL PALM BEACH, PL                            | ROYAL PALM BEACH, FL                         |
| 33411   | 32411  |
| •   |  |

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 Fl | orida street address of the registered agent are:                   | TAL   | 2013       |         |
|---------------------|---|-------|------------|---------|
| _                   | PERRY C. ROHAN  | CRE   | 3 SEP      | ٠       |
|                     | Name  | ASS   | 8          | 1       |
| -                   | 73366 WATER CIRCLE Florida street address (P.O. Box NOT acceptable) |       | <b>M</b> = | k'<br>Ì |
| -                   | Boch HATON, FL 33486  City. State, and Zip                          | Lorio | 11: 02     | *.      |

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..

gistered 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:

|  | Name and Address:  |
|--|--|
| "MGR" = Manager "MGRM" = Managing Mem  | her  |
| 4  | 1.   |
| MGRM   | AMY KOHAN<br>158 ROY COURT CIRCLE<br>ROYAL AKU BEACH, FL 39111   |
|  | Paral May Bond Fl. 3911  |
|  | •  |
| MGRM   | YERRY C. ROHAN   |
|  | PERRY C. ROHAN 23366 WATER CIROLE BOCA RATON, FL 33486   |
| <b>A</b> .   |  |
| MGRM   | ALAN LUCKNER<br>158 ROY COURT CHOLE<br>ROYAL PARM BEACH, FL 33411  |
|  | 158 Roy COURT CIAOLS   |
|  | KOYAL PALM BEACH, PL 33411   |
|  |  |
|  |  |
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|  |  |
| (Use attachment if necessary   | )  |
| (Use attachment if necessary   | )  |
| ICLE V: Effective date, if othe  | r than the date of filing: (OPTIONAL   |
| ICLE V: Effective date, if othe effective date is listed, the d  | r than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business          |
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| ICLE V: Effective date, if other effective date is listed, the date of to or 90 days after the date of REQUIRED SIGNATURE  | r than the date of filing:   |
| ICLE V: Effective date, if other effective date is listed, the date of to or 90 days after the date of  REQUIRED SIGNATURE  Signature of the date of t | r than the date of filing:   |
| ICLE V: Effective date, if other effective date is listed, the date of to or 90 days after the date of   REQUIRED SIGNATURE  Signature of the date of  | r than the date of filing:   |
| ICLE V: Effective date, if other effective date is listed, the date of to or 90 days after the date of Signature of (In accordance with seconstitutes an affirmation and aware that any forms and the second statements of th | r than the date of filing:   |

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)