

12/10/2013

13:20 Casey Ciklin Lubitz

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001/003

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL
Account Number : 076376001447
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Email Address: molly@molly5tealloy5.com

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FLORIDA LIMITED LIABILITY CO. Matthew 619, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS
DEC 11 2013
EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mathew 619, 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:

800 23rd Street

West Palm Beach, Florida 33407

Mailing Address:

328 Cordova Road

West Palm Beach, Florida 33401

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:

Gregory S. Kino

Name

515 N. Flagler Drive, 20th Floor

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

West Palm Beach FL 33401

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)

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member

Name and Address:

MGRM

Molly A. Stahlman 800 23rd Street West Palm Beach, Florida 33407

MGRM

Robert Spagnol 800 23rd Street West Palm Beach, Florida 33407

Blank lines for additional manager information

Blank lines for additional address information

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Handwritten signature

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.)

Gregory S. Kino, authorized representative of a member 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)