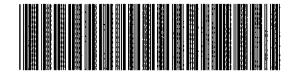
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. BROWN

(850) 245-6051.

COVER LETTER

	Registration Section Pivision of Corporations
SUBJECT	r: Palm Beach 715 LLC Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
C	Wistine Fibbons Name of Person
	otheby's International Realty Firm/Company
<u>3</u>	40 Royal Poinciana way. Suite 337
	City/State and Zip Code +ina. 10be/+s c 50+hebashomes. (om E-mail address: (to be used for furnile annual report notification)
	E-mail address: (to be used for future annual report notification) r information concerning this matter, please call:
_lh	Name of Person at (561) 758-5403 Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
X\$ 125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Counier Address Registration Section Division of Corporations Cliffon Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y Company, "L.L.C.," or "L.L.C.")
y Company, "L.L.C.," or "LLC.")
Fig. 🐉
ncipal office of the Limited Liability Company is:
respar office of the Elithica Elability Collisions.
Mailing Address:
SAME
·
gistered agent are:
STE 337
ess (P.O. Box NOT acceptable)
FL 33480
e, and Zip
ccept service of process for the above state I limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 6(8, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	CHRISTINE GIBBONS
	C/O 340 ROYAL POINCIANA WAY
	PALM BEACH, FL 33480
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL
effective date is listed, the date i	must be specific and cannot be more than five business
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing	must be specific and cannot be more than five business
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effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five business
effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation of the section of the sec	must be specific and cannot be more than five business ig.) The property of an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
effective date is listed, the date of or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a maccordance with section constitutes an affirmation I am aware that any fake is constitutes a third degree is constitutes a third degree.	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document ounder the penalties of periury that the facts stated herein are true.

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)