L14000065907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2014

T. BROWN

MICHAEL D. TANNENBAUM
Attorney at Law

2161 PALM BEACH LAKES BLVD.
SUITE 304
WEST PALM BEACH, FLORIDA 33409

WWW.MDTLAWOFFICE.COM

TELEPHONE (561) 471-1406
FAX (561) 683-7551

March 21, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SHELDRAKE ASSOCIATES, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

1. Original and one copy of the Articles of Organization of SHELDRAKE ASSOCIATES, LLC.
2. Check in the amount of $155.00 for the filing fee ($125.00) and a certified copy ($30.00).

Kindly file the above document and return a certified copy in the envelope provided.

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Very truly yours,

MICHAEL D. TANNENBAUM

MDT/pr
Enclosures

MICHAEL D. TANNENBAUM
Attorney at Law

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WEST PALM BEACH, FLORIDA 33409

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FAX (561) 683-7551

April 14, 2014

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SHELDRAKE ASSOCIATES, LLC
Ref. Number: W14000021010

Dear Sir or Madam:

Enclosed please find the following documents:

1. Copy of your letter dated April 2, 2014.
2. Original and one copy of the Articles of Organization of SHELDRAKE ASSOCIATES, LLC.
3. Self-addressed stamped envelope.

Kindly file the above document and return a certified copy in the envelope provided.

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Very truly yours,

MICHAEL D. TANNENBAUM

MDT/pr
Enclosures

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2014

MICHAEL D. TANNENBAUM
ATTORNEY AT LAW
2161 PALM BEACH LAKES BLVD STE 304
W PALM BEACH, FL 33409

SUBJECT: SHELDRAKE ASSOCIATES, LLC
Ref. Number: W14000021010

We have received your document for SHELDRAKE ASSOCIATES, LLC and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 614A00007046

FILED
14 APR 21 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SHELDRAKE ASSOCIATES, 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:**
17 Sheldrake Lane Palm Beach Gardens, FL 33418	17 Sheldrake Lane Palm Beach Gardens, FL 33418

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:

David Rosen
Name

17 Sheldrake Lane
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33418
City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	David Rosen 17 Sheldrake Lane Palm Beach Gardens, FL 33418
AMBR	Allen Rosen 17 Sheldrake Lane Palm Beach Gardens, FL 33418
AMBR	Barbara Rosen 17 Sheldrake Lane Palm Beach Gardens, FL 33418

(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.)

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

_____
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

David Rosen
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)