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| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | . WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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T. BROWN

## **COVER LETTER**

| . 10.          | Division of C    | Corporations                   |  |  |
|----------------|------------------|--------------------------------|--|--|
|                | Division of C    | or por actoris                 | ,  |  |
| CHRI           |                  |                                |  |  |
| SUBJE          | CI: FIG 92       | 232 Applecrest, Ilc            | nited Liability Company                      |  |
|                |                  | Name of En                     | mica Clabinty Company                        |  |
| The en         | closed Articles  | of Organization and fee(s) a   | re submitted for filing.                     |  |
| Please         | return all corre | spondence concerning this m    | atter to the following:                      |  |
|                | Gary M S         | Solender                       |  |  |
|                |                  |                                | Name of Person                               |  |
|                | Individua        | ı                              |  |  |
|                |                  |                                | Firm/Company                                 |  |
|                | _4098 Ce         | dar Avo                        |  |  |
|                | 4090 Ce          | udi Ave.                       | Address                                      |  |
|                |                  |                                |  |  |
|                | Palm Bea         | ach Gardens, Fl. 33410         |  |  |
|                |                  | C                              | City/State and Zip Code                      |  |
| <u>re</u>      | dnelos@aol.c     | om                             | d for future annual report notifica          | -tion)   |
|                |                  | E-mail address: (to be use     | a for future annual report notifica          | ition)   |
| For fur        | ther informatio  | n concerning this matter, ples | ase call:                                    |  |
|                |                  |                                |  |  |
| Gary I         | M Solender       |                                | 561 <u>627 6365</u>                          |  |
|                | Nan              | ne of Person                   | Area Code Daytime Tel                        | lephone Number   |
| Enclos         | ed is a check fo | r the following amount:        |  |  |
|                | 0 Filing Fee     | ☑\$130.00 Filing Fee &         | □\$155.00 Filing Fee &                       | □\$160.00 Filing Fee,  |
| <b>3</b> 123.0 | o rining rec     | Certificate of Status          | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
|                |                  |                                |  | (additional copy is eliciosed)                                       |
|                |                  | ling Address                   | Street/Courier Add                           | ress   |
|                |                  | istration Section              | Registration Section                         |  |
|                |                  | sion of Corporations           | Division of Corporat                         | tions  |
|                |                  | Box 6327                       | Clifton Building<br>2661 Executive Cent      | tar Cirola   |
|                | 1 211            | ahassee, FL 32314              | Zoo i Executive Cent                         | ier Circle   |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| •  |  |
|--|--|
| ARTICLE I - Name:  |  |
| The name of the Limited Liability Company is:                  | PE O   |
|  |  |
| ETC 0022 nApplement No   | ice of the Limited Liability Company is:   |
| FTG 9232 nApplecrest, Ilc  (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.")  |
| (Mase one with the Words Eliminous E                           | substitute of bases, or ba |
| ARTICLE II - Address:  | 2º 15  |
| The mailing address and street address of the principal off    | ice of the Limited Liability Company is:   |
| Driverinal Office Address.                                     | Mailing Address:   |
| Principal Office Address:                                      | Winning Address:   |
| 4098 Cedar Ave.  | 4098 Cedar Ave   |
| Palm Beach Gardens, Fl 33410                                   | Palm Beach Gardens, Fl 33410   |
|  |  |
| A DEPLOY DE LA             | D 1  |
| ARTICLE III - Registered Agent, Registered Office, &           |  |
| (The Limited Liability Company cannot serve as its own R       |  |
| another business entity with an active Florida registration.   | .)   |
| The name and the Florida street address of the registered a    | agent are:   |
| · ·  |  |
| Gary M Solender  |  |
| Name   |  |
| 4098 Cedar Ave   |  |
| Florida street address (P.O. Box )                             | NOT acceptable)  |
| •  |  |
| Palm Beach Gardens   | FL 33410   |
| City   | Zip  |
| Having been named as registered agent and to accept som        | vice of process for the above stated limited liability company at  |
|  | the appointment as registered agent and agree to act in this   |
|  | f all statutes relating to the proper and complete performance   |
|  | gations of my position as registered agent as provided for in  |
|  | er 605, F.S  |
|  |  |
| /////  |  |
| Thefine  | (DEOLUDED)   |
| Registered Agent's Signatu                                     | ire (REQUIRED)   |
|  |  |
| / (CONTINUE  | CD)  |
| (22  | ,  |

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| uthorized representative of a member  |
| nuthorized representative of a member. ), Florida Statutes, the execution of this document                              |
| s of perjury that the facts stated herein are true.   |
| tted in a document to the Department of State   |
| for in s.817.155, F.S.)   |
| , ,   |
| rinted name of signee   |
| rinted name of signee   |
|   |
| n.  |
| g Fees:   |
| g Fees:<br>nd Designation of Registered Agent   |
| e<br>i<br>d   |