

# L05000030390

02/18/2015 15:55 FAX 215 977 9386

M BURR KEIM CO

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

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TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PBFL Associates LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2/18/2015

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PBFL 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:**4431 PGA Boulevard  
Palm Beach Gardens, FL 33410**Mailing Address:**c/o GF Management  
435 Devon Park Drive, 500 Building  
Wayne, PA 19087**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:

W. Bradley Munroe, Esquire  
Name239 East Virginia Street  
Florida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32301  
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)

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**ARTICLE IV-**

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

**Title:**

"AMER" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Matthew Pica  
435 Devon Park Drive, 500 Building  
Wayne, PA 19087

AMBR

Joseph Wellenbush  
435 Devon Park Drive, 500 Building  
Wayne, PA 19087

(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.)

Robert Worthington, Jr. Authorized Representative  
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)**