

L15000184848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278507723

10/29/15--01006--016 **130.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 29 AM 11:56

11/3

Q

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BREAKERS ISLAND LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA ROWLAND

Name of Person

Firm/Company

629 WEST DRIVE

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

TRISH@SBIDEA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA ROWLAND 561 789-1919
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR
BREAKERS ISLAND LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, desiring to form a limited liability company under the Corporation Law of Florida, Chapter 605 of the Florida Statutes, hereby certifies:

ARTICLE I – NAME

The name of the limited liability company shall be BREAKERS ISLAND LLC.

ARTICLE II – PRINCIPAL OFFICE

The principal office of the limited liability company is located at 629 West Drive Delray Beach, FL 33445, Palm Beach County.

ARTICLE III – MANAGEMENT

The limited liability company is a member-managed company to be managed by one or more members. The following person(s) shall serve the limited liability company as a manager(s), until otherwise provided for in the Operating Agreement:

<u>NAME</u>	<u>ADDRESS</u>
Patricia Rowland	629 West Drive Delray Beach, FL 33445
Anita S. Rodgers	2512 Lake Shore Drive Orlando, FL 32803

ARTICLE IV – PURPOSE

The Company is organized and shall be operated to transact all lawful business or businesses for which a corporation may be incorporated pursuant to the Corporation Law of Florida, Chapter 605 of the Florida Statutes now existing or as may hereafter be amended.

Solely for the above purposes, the Corporation is empowered to exercise all rights and powers as conferred by the laws of the State of Florida.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 29 PM 11:56

ARTICLE V – TRANSFERABILITY OF MEMBERSHIP INTERESTS

No member shall have the right to assign their membership interests in the Company without the prior written consent of all membership interests, unless otherwise provided for in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

ARTICLE VI – DURATION

This corporation shall commence on the date of execution and acknowledgement of these Articles and shall be perpetual in existence unless sooner dissolved according to law.

ARTICLE VII – 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:

Patricia Rowland
Name

629 West Drive
Florida Street Address (P.O. Box **NOT** acceptable)

Dolnay Beach, FL 33445
City State 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..

Patricia Rowland
Registered Agent's Signature (REQUIRED)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 Section 817.155, F.S.

The undersigned authorized representative of a member executed these Articles of Organization on _____, 2015.

Patricia Rowland

Patricia Rowland

10/22/15

Date