

03/22/2016

16:00

Division of Corporations

P.001/003

Page 1 of 2

L16000056847

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000072559 3)))



H160000725593ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CIKLIN LUBITZ & O'CONNELL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

16 MAR 22 AM 11:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 MAR 22 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Gustaf Thorarinsson, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000072559 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gustaf Thorarinnsson, 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:Catholic Charities of the
Diocese of Palm Beach, Inc.
9995 N. Military Trail
Palm Beach Gardens, FL 33410Mailing Address:Catholic Charities of the
Diocese of Palm Beach, Inc.
9995 N. Military Trail
Palm Beach Gardens, FL 33410

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:

Sheila Gomez

Name

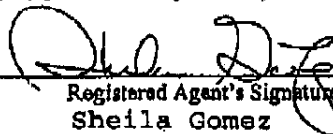
Catholic Charities of the Diocese of Palm Beach, Inc.
9995 N. Military TrailFlorida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens, FL 33410

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.


Registered Agent's Signature (REQUIRED)
Sheila Gomez

(CONTINUED)

Page 1 of 2

16 MAR 22 AM 11:05
DIVISION OF CORPORATIONS
SECRETARY OF STATE

H16000072559 3

H16000072559 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Catholic Charities of the Diocese of Palm
Beach, Inc., as Guardian of Gustaf

~~Thorarinnsson~~
9995 N. Military Trail
Palm Beach Gardens, FL 33410

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

SHEILA GOMEZ

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)

16 MAR 22 AM 11:05

OFFICE OF STATE
DIVISION OF CORPORATIONS