

L16000086983

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.

(((H16000112972 3)))



H160001129723ABC3

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 : GREENBERG TRAU... (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 MAY -6 PM 1:14

FILED

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

Email Address: SFISHER@PALBEACHRP.COM

RECEIVED
16 MAY -6 AM 9:44
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Bolay Northlake Florida LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

05-07-12
7

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
BOLAY NORTHLAKE FLORIDA LLC

ARTICLE I - NAME: The name of the limited liability company is:

BOLAY NORTHLAKE FLORIDA LLC

(the "Company").

ARTICLE II - ADDRESS: The mailing address of the principal office of the Company is 625 North Flagler Drive, Suite 402, West Palm Beach FL 33401. The street address of the principal office of the Company is 625 North Flagler Drive, Suite 402, West Palm Beach FL 33401.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 in Chapter 605, Florida Statutes.

CT Corporation System

By: 

Name: Madonna Cuddihy

Title: Special Assistant Secretary

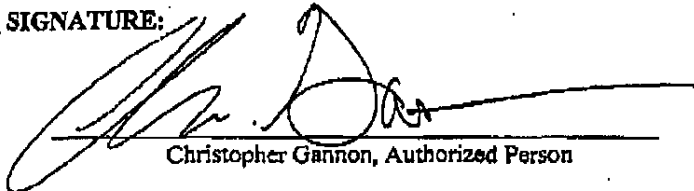
FILED
16 MAY -6 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Christopher Gannon 625 North Flagler Drive, Suite 402 West Palm Beach FL 33401
Manager	Timothy Gannon 625 North Flagler Drive, Suite 402 West Palm Beach FL 33401

RECEIVED
16 MAY -6 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:


Christopher Gannon, Authorized Person

(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.)