

LIB000151469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

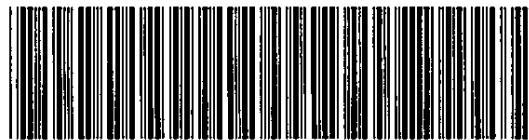
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Lindsey GAVE
FAXED TO ATTALA BY PHONE 7/11
CONTACT ACT III
8/15/16
DOC. EXAM.



900288631419

08/05/16-01021--012 **37.00

16 AUG -5 PM 3:29
SACRAMENTO OFFICE
FLORIDA
TALLAHASSEE

Office Use Only

nu. 8/15/16

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: 5700 IPG 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:

PAMELA Q. DEAN and LINDSEY D. DEAN

Name of Person

THE DEAN FAMILY REVOCABLE LIVING TRUST

Firm/Company

2958 Bellarosa Circle

Address

Royal Palm Beach, Florida 33411

City/State and Zip Code

Idean5643@aol.com

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

For further information concerning this matter, please call:

LINDSEY D. DEAN at (954) 609-8234

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5700 IPG 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:

2958 Bellarosa Circle
Royal Palm Beach, Florida 33411

Mailing Address:

2958 Bellarosa Circle
Royal Palm Beach, Florida 33411

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:

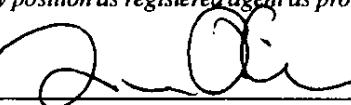
LINDSEY D. DEAN,
Name

2958 Bellarosa Circle
Florida street address (P.O. Box NOT acceptable)

Royal Palm Beach Florida 33411
City State Zip

16 AUG -5 PM 3:29
REGISTERED STATE
TALLAHASSEE FLORIDA

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)

Page 1 of 2

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

PAMELA O. DEAN, as Trustee of
The Dean Family Revocable Living Trust
2958 Bellarosa Circle, Royal Palm Beach, FL 33411

MGR

LINDSEY D. DEAN, as Trustee of

The Dean Family Revocable Living Trust
2958 Bellarosa Circle, Royal Palm Beach, FL 33411

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

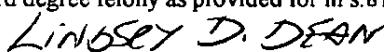
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

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.



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)

11
JULY 5 2011
FLORIDA
DEPARTMENT OF STATE
TAMPA BAY OFFICE
1000 MASSACHUSETTS AVENUE
TAMPA, FLORIDA 33602
PH: (813) 222-4400
FAX: (813) 222-4405
E-MAIL: TAMPA.BAY@FLS.DOS.FL.GOV