# 1400014012

(R	Requestor's Name)	
A)	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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# **COVER LETTER**

SUBJECT	Palm	Beach N		Shala Liability Company	, LL	<u>C</u>
		ū		mitted for filing. o the following:		
		tin 1		ame of Person		
	3140	ς	Ocean	irn/Company Blvol	305	South
	Palm			Address  33480 tate and Zip Code	<b></b> 00	900/1
-	E	o (4) PAL -mail address:	MBEACH (to be used for t	40 GA SHALA uture annual report no		
For further in	Martin	Mav4 5 e of Person	atter, please call at (at (6	1 , 309-		
Enclosed is \$125,00 Fi		e following am \$130.00 Filin Certificate of	g Fee & (	\$155.00 Filing Fee & Certified Copy Iditional copy is encle	osed) (	\$160.00 Filing Fee, Certificate of Status & Certified Copy Iditional copy is enclosed)
	Mailin	Address		Street Addres	<b>«</b>	

### Mailing Address

TO:

**Registration Section Division of Corporations** 

> **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

The name of the		iability Comp	any is:				
	Palm	Beach	4099	Shala	, LLC		
	(Mus	t end with the	words "Lim	ited Liability	Company, "L.I	L.C.," or "LLC.")	
ARTICLE II The mailing a		reet address o	f the princip	al office of the	: Limited Liab	ility Company is:	
	<u>Pr</u>	incipal Offic	<u>e Address</u> :			Mailing Address:	
	3140 S. Palm B	Ocean Beach, FL	Blud 33186	<u>305 S</u>	<u> </u>	Lana Marks 5. Ocean Blud,	<u>3055</u>

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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Marti		arks		
3140	Nar S.	ne Ocean	Blud	, 3055
Florida street a	Beach	), Box <u><b>NOT</b></u> a		
City	7- 0-0-01	State	Zip	<u></u>

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

16 AUS 10 PK 7:4

MBR" = Authorized GR" = Manager	I IVICIIIDCI	Name and Address:
MGR		Martin Marks
<u> </u>	_	3140 S. Ocean Blvd, 3055
ли Q D		
4 LI DV	<del></del>	3/40 S. Ocean Blvd, 3055
		Palm Beach, FL 33480'
<u> </u>	_	
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va attaahmant if nac	occom/)	
': Effective date, if	other than the date of fi e date must be specific	ling: (OPTIONAL) : and cannot be more than five business days prior to or 90 days afte
ling.) date inserted in thi	-	the applicable statutory filing requirements, this date will not be listed
ling.) date inserted in thi	s block does not meet n the Department of St	the applicable statutory filing requirements, this date will not be listed
ling.) date inserted in thi nt's effective date of T: Other provisions	s block does not meet n the Department of St , if any.	the applicable statutory filing requirements, this date will not be listed
ling.) date inserted in thint's effective date of	s block does not meet n the Department of St , if any.	the applicable statutory filing requirements, this date will not be listed
ling.) date inserted in thint's effective date of the provisions  COUIRED SIGNATION  This coulred are a series of the provisions.	s block does not meet n the Department of St , if any.  FURE:  Signature of a membel locument is executed in ware that any false info	the applicable statutory filing requirements, this date will not be listed
	: Effective date, if	e attachment if necessary)  : Effective date, if other than the date of fi

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)