

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:______

FLORIDA LIMITED LIABILITY CO.

Young Engineers Boca Delray FL LLC

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Certificate of Status	0
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Page Count	04
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COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT:	YOUNG ENGINEERS BOCA DEL	RAY FL LLC	
SOBJECT		mited Liability Company	
The enclose	ed Articles of Organization and fee(s) as	re submitted for filing.	
Please retur	n all correspondence concerning this m	natter to the following:	
	Edward M Kaplan		-
	•	Name of Person	
	YOUNG ENGINEERS BOCA DELR	ay FL LLC	
		Firm/Company	
	4861 Tallowwood Ln		Ţ.,.
		Address	7n .3 5.
	Boca Raton,FL. 33487		\$5, * 15:
		City/State and Zip Code	
_	EKaplanLaw@AOL.COM	for future annual report notification)	
For further in	formation concerning this matter, pleas		, c
_	Edward M Kaplan at (-917 353-1453 urea Code Daytime Telephone Number	
		Daylune Telephone Number	
Enclosed is	a check for the following amount: ing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py
	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	·

C)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

YOUNG ENGINEERS BOCA DELRAY FL LLC

(Must contain 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:	Mailing Address:
4861 Tallowwood Ln	4881 TALLOWWOOD LN
Boca Rator, Fl. 33487	BOCA RATON FL 33487

ARTICLE III - Registered Agent, Rogistered 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:

	Name		<u>:</u> ·	
1200 South Pine Isl	and Road		j.,	((
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)		Ċ
Plantation,	Florida	33324	* *	
City	State	Zip	- +-	-3.

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..

C T-Corporation System

Peter Trawinskl

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Edward M Keplan
	4861 TeSowwood Ln
	Bocz Raton FI 33487
AMBR	Marilyn L Soffer
	4861 Tallowwood Ln
	Boca Ration FL 33487
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(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must of filling.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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