

L230000042383

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : STEPHEN S. MATHISON, P.A.
Account Number : I20040000071
Phone : (561)624-2001
Fax Number : (561)624-0036

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

Email Address: VALERIE@MATHISONLAW.ORG

FLORIDA LIMITED LIABILITY CO. PAL GROUP LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help



January 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STEPHEN S. MATHISON, P.A.

SUBJECT: PAL GROUP LLC
REF: W23000010303

S pages

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000033609
Letter Number: 023A00002073

Both Pal group LLC & corp have been inactive for over 10 years.

Please explain reason.

Thank you!

[Signature]

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PAL GROUP 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:

138 NORTHAMPTON G

WEST PALM BEACH, FL 33417

Mailing Address:

138 NORTHAMPTON G

WEST PALM BEACH, FL 33417

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:

VALERIE AMAYA

Name

5606 PGA BLVD., SUITE 211

Florida street address (P.O. Box **NOT** acceptable)

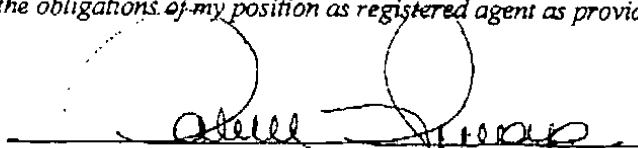
PALM BEACH GARDENS

FL 33418

City

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)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AUTHORIZED MEMBER

Name and Address:

VALERIE AMAYA

10811 WHARTON WAY, PALM BEACH GARDENS, FL 33412

(Use attachment if necessary)

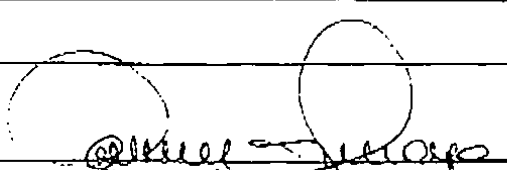
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:


Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), 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.)

VALERIE AMAYA

Typed or printed name of signer

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)

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