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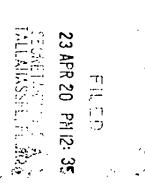
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Palm Beach Constructors 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:					
David Costable Name of Person					
Palm Beach Constructors LLC					
14921 951h Ln N Address					
Address					
West Palm Beach, FL 33412 City/State and Zip Code					
Davecost 789 @ Vanoo, com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
David Costable at (201) 206-2477  Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Street Address					

New Filing Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
Palm (Must cont	Beach ain the words "Limited I	Construc Liability Company, "La	
ARTICLE II - Address: The mailing address and street ad			
<u>Princip</u>	al Office Address:		Mailing Address:
14921 95m West Ralm		112	
ARTICLE III - Registered Ago (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio	Registered Agent. You n.)	
The name and the Florida street		_	
	David (c	Stable. Name	
	14921 95	5th Ln N	
		(P.O. Box NOT acce	ptable)
	West Palm	Brach FL	33412
	City	State	Zip
place designated in this certificate,	I hereby accept the appo ovisions of all statutes re ligations of my position o	intment as registered a lating to the proper and	

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Danielle Castable	
1.10 12	14921 954 LNN	<del></del>
	West Palm Brach FL.	354/2
		<del> </del>
(Use attachment if necessary)		
effective date is listed, the date must be sate of filing.)	tte of filing:	prior to or 90 days afte
locument's effective date on the Department		s date will not be listed
ICLE VI: Other provisions, if any.	or state broading,	
		<del> </del>
		<del></del>
REQUIRED SIGNATURE:		
Dansell	( a)talls	
Signature of a	nember or an authorized representative of a memb	
	cuted in accordance with section 605.0203 (1) (b), Flo	
	lse information submitted in a document to the Depart	
	ree felony as provided for in s.817.155, F.S.	2.400 N
Danie	ile Pactoble	ES &
XITTLE	Typed or printed name of signee	FIL APR 20 ACTAL LAHASSI
	Typed of printed name of signee	注意 <b>ス</b> 可
	Filing Fees:	FIL 720
\$125.00 Filing Fee for Articles of C	Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional)	riconimity ii ana irtiichally ii vi ilteiliti Abtill	
		<b>P</b> 5
<ul> <li>\$ 5.00 Certificate of Status (Option</li> </ul>		· · · · · · · · · · · · · · · · · · ·