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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019

Phone

: (518)689-1212

Fax Number

: (518)432-0742

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

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### FLORIDA LIMITED LIABILITY CO.

#### AAA of Palm Beach LLC

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# Articles of Organization for Florida Limited Liability Company

#### ARTICLE I NAME

The name of the Limited Liability Company is: AAA of Palm Beach LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 356 S. CONGRESS AVE., WEST PALM BEACH, FL 33406

Mailing Address: PO BOX 308, ROSLYN, NY 11576

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

LEGALINC CORPORATE SERVICES INC. – 476 RIVERSIDE AVE, JACKSONVILLE, FL 32202

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..

/s/ MARSHA DASCH					
Registered Agent's Signature					
(CONTINUED)					

#### ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

## TCB of Delaware LLC, Authorized Member, PO BOX 308, ROSLYN, NY 11576

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.

Authorized by: (Signature)

(Print Name) JERRY SCHWARTZ