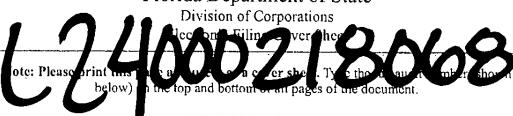
Florida Department of State



(((H24000172835 3)))



H240001728353ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)328-4774

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

Email	Address:			
CHUTT	Auul CSS.			

FLORIDA LIMITED LIABILITY CO. PALM BEACH HH HOLDINGS I.LC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIT	DALIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	:
PALM BEACH HH HOLDINGS 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 Liebility Company is:
Principal Office Address:	Mailing Address:
4722 NW 2nd Ave., Suite C107 Boca Raton, FL 33431	SAME
ARTICI.E III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: wed Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	re:
NELLY MERZHERITSKY	

Name

489 OREGON LANE Florida street address (P.O. Box NOT acceptable)

33487 **BOCA RATON** City State 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 registyred agenytis provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" "MGR" =	= Authorized Member Manager	Name and Address:		
MGR		NELLY MERZHERITSKY 489 OREGON LANE BOCA RATON, FL 33487		
<i>Oisc</i> attac	hment if necessary)			
RTICLE V: Effe f an effective date e date of filing.) ote: If the date in	ctive date, if other than the ls listed, the date must b	date of filing:		
<u> </u>	er provisions, if any.			
REOUR	ed signature: X	M4-		
	This document is ex I am aware that any constitutes a third de	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S. ZHERITSKY		
		Typed or printed name of signee		

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)