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Account Management, LLC  
8700 U.S. Hwy. One, Suite 200  
North Palm Beach, Florida 33408  
(561) 622-6000

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-10/07/99--01107--001  
\*\*\*293.00 \*\*\*130.00

October 1, 1999

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed, please find a check in the amount of \$293.00, for the following filing fees.

99-6559

- 1. \$250.00 for Filing Fee for Articles of Organization and Affidavit;
- 2. \$35.00 for Designation of Registered Agent and;
- 3. \$8.75 for Certificate of Status

|                   |                    |
|-------------------|--------------------|
| Name Availability | <i>[Signature]</i> |
| Document Examiner | <i>[Signature]</i> |
| Updater           | <i>[Signature]</i> |
| Updater Verifier  | <i>[Signature]</i> |
| Acknowledgement   | <i>[Signature]</i> |
| W. P. Verifier    | <i>[Signature]</i> |

Should you have any questions, please do not hesitate to call me. Thank you.

Sincerely,

*Virginia McCormack*

Virginia McCormack  
Legal Assistant

# 0268342 - money order (V)

FILED  
OCT - 7 PM 5: 09

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
OCT -7 PM 5:00  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH  
FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Account Management, LLC

**ARTICLE II - Address:**

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

824 U.S. Highway One, Suite 310  
North Palm Beach, Florida 33408

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Thirty (30) years, effective on the date these Articles of Organization are filed, unless the Company is dissolved earlier pursuant to the Regulations of the Company or by law.

**ARTICLE IV – Management:**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Paola Maynoldi  
824 U.S. Highway One, Suite 310  
North Palm Beach, Florida 33408

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

One or more additional members may be admitted with the vote or written consent of a majority in interest of the members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

By consent of all remaining members or any other statutory provision consistent with the Company Regulations and these Articles of Organization.

FILED  
99 OCT -7 PM 5:09  
SECRETARY OF STATE

Account Management, LLC

By: Paola Maynoldi  
Signature of a member or an authorized representative of a member.

Paola Maynoldi  
Typed or printed name of signee

**Filing Fee: \$250.00 for Articles and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Account Management, LLC.

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

Paola Maynoldi  
Manager  
Account Management, LLC  
824 U. S. Highway One, Suite 310  
North Palm Beach, Florida 33408

FILED  
OCT -7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Paola Maynoldi  
SIGNATURE

**Filing Fee: \$35 for Designation of Registered Agent**