Division of Corporations

https://ccfss1.dos.state.fl.us/scripts/efflcovr.exe



Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet	IVI IS	S	
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	H AHA	9 DEC 22	_
(((H99000032733 0)))	RYOF		ובכט
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	STATE	AH 10: 12	
To: Division of Corporations Fax Number : (850)922-4003 From: Account Name : SCOTT, ROYCE, HARRIS, BRYAN & HYLAND, P.A.2 Account Number : 070674001534 Phone : (561)624-3900 Fax Number : (561)624-3533	SECTION CONTRACTOR	99 DEC 22 K	
	355 155 155 155 155 155 155 155 155 155	:0 :	

LIMITED LIABILITY COMPANY

Category Fore Management Company, LLC

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

Mame Availability DD DD Documents

Electropic Filing Menu:

Corporate Filing

Public Access Help

H99000032733 0

ARTICLES OF ORGANIZATION FOR CATEGORY FORE MANAGEMENT COMPANY, LLC, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is CATEGORY FORE MANAGEME COMPANY, LLC.

ARTICLE II ADDRESS

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

1983 PGA Boulevard, Suite # 101 Palm Beach Gardens, Florida 33410

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by the members.

ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the Limited Liability Company only with the written consent of a majority-in-interest of the members, which admissions shall be upon such terms and conditions as determined by the majority-in-interest of the members.

#99000032733 0

ARTICLE VI EFFECT OF TERMINATION OF MEMBERSHIP ON CONTINUED EXISTENCE

The business of the Limited Liability Company shall continue and the Limited Liability Company shall not be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution, of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for the Limited Liability Company is:

Thomas Balletta 1983 PGA Boulevard, Suite #101 Palm Beach Gardens, Florida 33410

IN WITNESS WHEREOF, the undersigned Member of the Limited Liability Company has made and executed these Articles of Organization this _ day of December, 1999.

THOMAS BALLETTA

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penaltics of perjury that the facts stated herein are true.)

THOMAS BALLETTA
Typed or Printed Name of Signee

SECRETARY OF STATE
TALL AND SECRETARY OF STATE

H99000032733 0

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

- 1) The name of the limited liability company is CATEGORY FORE MANAGEMENT COMPANY, LLC.
- 2) The name and address of the registered agent and his office is:

Thomas Balletta
1983 PGA Boulevard, Suite #101
Palm Beach Gardens, Florida 33410

Having been named to 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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this ____ day of December, 1999.

THOMAS BALLETTA Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

Registered Agent

DECRETARY OF STATE

THOMAS BALLETTA

THOMA

K:\FILES\RKB\10016\category fore articles.wpd