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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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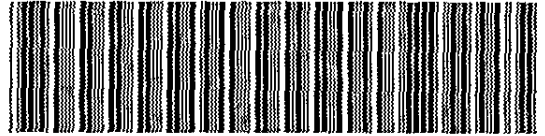
(Business Entity Name)

W02-35840  
(Document Number)

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 26, 2002

DANIELLE M. KOPING  
16230 NW 27 PLACE  
OPA LOCKA, FL 33054

SUBJECT: 180 N.E. LLC  
Ref. Number: W02000035840

We have received your document for 180 N.E. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the mailing address and street address in Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 302A00067388

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

180 NE. LLC

**ARTICLE II - Address:**

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

PRINCIPAL: 180 N.E. 71st  
MIAMI, FL 33169

MAILING: 16230 N.W. 27th  
MIAMI, FL 33054

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

DANIELLE M. KOPING  
Name  
16230 NW 27 PLACE  
Florida street address (P.O. Box NOT acceptable)  
OPALKA, FL 33054  
City, State, and 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 registered agent as provided for in Chapter 608, F.S.

*[Handwritten Signature]*  
Registered Agent's Signature

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(An additional article must be added if an effective date is requested)

*[Handwritten Signature]*  
Signature of a member or an authorized representative of a member.

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

DANIELLE M. KOPING  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)