

W04000057978

Florida Department of State
Division of Corporations
Public Access System

3

Electronic Filing Cover Sheet

84 FLLC

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.

(((H04000160682 3)))

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

MJH

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : RUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED

04 AUG -4 PM 3:02

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

502-504 Lucerne Avenue LLC

STATE DEPT OF STATE
TALLAHASSEE FLORIDA

04 AUG -4 AM 11:12

FILED

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **502-504 Lucerne Avenue LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

504 Lucerne Avenue

504 Lucerne Avenue

Lake Worth, FL 33460

Lake Worth, FL 33460

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

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

James Devaney

Name

504 Lucerne Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Worth, FL 33460

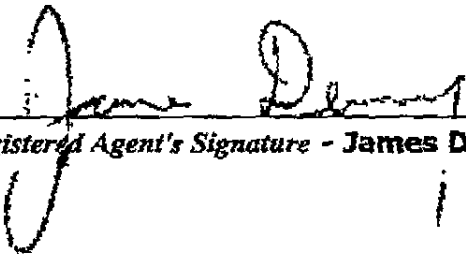
(City / State / Zip)

STATE OF FLORIDA
TALLAHASSEE

04 AUG -4 AM 11:12

FILED

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.



Registered Agent's Signature - James Devaney

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James Devaney- 504 Lucerne Avenue, Lake Worth, FL 33460

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

James Devaney

Typed or printed name of signee