405 (QQ) 30290

2005 MAR 25 P 3: 00 SECRETARY OF STATES (Requestor's Name) (Address) 200048142222 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL U3/25/05--01015--0U9 **155.00 (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status__ Special Instructions to Filing Officer:

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TO:

Registration Section Division of Corporations

2005 MAR 25 P 3: 00

SUBJECT: _

1838-50 Building LLC

(Name of Limited Liability Company)

TI

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES N. BUSH Tomes n Rust
(Name of Person)
(Firm/Company)
4900 SW 64 Avenue
(Address)
Davie, Florida 33314
(City/State and Zip Code)
For further information concerning this matter, please call:
James N. Bush at (954) 792-0116
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
1 \$125.00 Filing Fee

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Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Certificate of Status

MAILING ADDRESS:

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(additional copy is enclosed)

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 3: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE I - Name: The name of the Limited Liability Company is: 1838 - 50 Building LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Cumpany is: Principal Office Address: ____ Mailing Address: 1207 SW 87 Terrace .1207 SW 87 Terrace Plantation, Florida 33324 Plantation, Fl. 33325 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: OYAM MHOL 1207 SW 87 Terrace Florida street address (P.O. Box NOT acceptable) Plantation 33324 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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: FILED Name and Address: Title: "MGR" = Manager 2005 MAR 25 P 3: 00 "MGRM" = Managing Member SECRETARY OF STATE TALLAHASSEE, FLORIDA MGR John Mayo_ 1207 SW 87 Terrace Plantation, Florida 33324 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURES: 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.) 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)