

L05000109222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

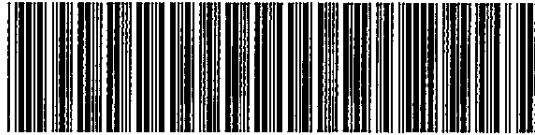
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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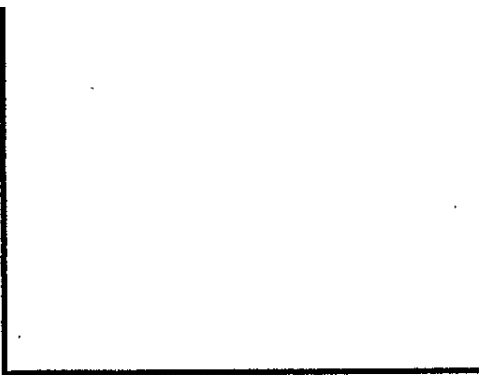
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**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. GALAXY 18, L.L.C.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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

GALAXY 18, L.L.C.

ARTICLE I - Name

The name of the Limited Liability Company is: **GALAXY 18, L.L.C.**

Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.**

Duration

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

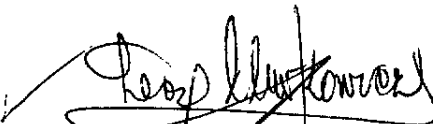
ARTICLE IV - Management

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **LEON OLIWKOWICZ, 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144**

The undersigned member or authorized representative of a member of :
GALAXY 18, L.L.C., disposes and says:

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TALLAHASSEE, FLORIDA

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0.
A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.



LEON OLIWKOWICZ


**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 OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GALAXY 18, L.L.C.

2. The name and address of the registered agent and office is: 8360 West Flagler Street, Suite #200, Miami, Florida 33144. Registered agent: LEON OLIWKOWICZ.

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.


LEON OLIWKOWICZ

November 7, 2005

DATE:


STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this date, before me, an officer duly authorized in

the State and County aforesaid to take acknowledgments, personally appeared : **LEON OLIWKOWICZ**, of **GALAXY 18, L.L.C.**, who is personally known or who did furnish identification, and who acknowledged executing the foregoing Designation and acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS MY HAND AND OFFICIAL SEAL IN THE County and State last aforesaid this 7th day of NOV, 2005


NOTARY PUBLIC

Guido Ramos (SEAL)
Printed name of Notary

