601000008150

Ť
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dashess Erick) (Marrie)
(Document Number)
(Document Number)
Confeed Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200084591232

01/22/07--01020--025 **130.00

SECRETARY DE STATE

1-35-07

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Piccad	illy Square Partners, I	LC d Liability Company)	
	`	• • •	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Coorgo Ho	hor		
George Ha		Name of Person)	
		(Firm/Company)	
7040 Avina	laina t mua		75.SI
7249 Ayrs	inire Lane	(Address)	
		(Address)	JAN 22 CRETARY AHASS
Boca Rate	on, Fl, 33496		SSE 22
	(City	/State and Zip Code)	TO P
For further information	concerning this matter, please	call:	CURIO LAVE L: 30
GEORGE	HABER	at (561 497- (Area Code & Daytime Te	9118
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	▼ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Piccadilly Square Partners, LLC		
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "	"LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the mailing address and street address and street address.	the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
7249 Ayrshire Lane	7249 Ayrshire Lane	JOT J SECO
Boca Raton, Fl, 33496	Boca Raton, Fl, 33496	三
		\$ \$ 22 1
The name and the Florida street address of Amold Golleb	f the registered agent are:	individual or another
17591 Foxborough La	ine	
	eet address (P.O. Box NOT acceptable	· :)
Boca Raton, Fl. 33496	FL	
City, S	State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	ed in this certificate, I hereby acce spacity. I further agree to comply	ept the appointment as with the provisions of all

(CONTINUED) Page 1 of 2

1-25

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	George Haber
	7249 Ayrshire Lane
	Boca Raton, FL. 33496
	7 S.
	JAN 22 LAHASS
	The state of the s
	rier s
	======================================
(Use attachment if necessary)	Ð.m.
LE V: Effective date, if other than th	ne date of filing: January 22, 2007 . (OPTIONAL
ffective date is listed, the date must	be specific and cannot be more than five business days
days after the date of filing.)	
REQUIRED SIGNATURE:	. <i>1</i>
	in Pall
Signature of a memb	ber or an authorized representative of a member.
(In accordance with s	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

George Haber

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee