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| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |

Special Instructions to Filing Officer:

L. SELLERS

MAY 2 0 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

#### **COVER LETTER**

| TO:                               | Registration<br>Division of C   |   |           |   |  |   |  |
|-----------------------------------|---|---|-----------|---|--|---|--|
| SUBJ                              | ECT:  | 203   | 5 NW      | / 14 ST, L  | LC   |   |  |
| Name of Limited Liability Company |   |   |           |   |  |   |  |
| The en                            | closed Articles   | of Organization and fee(s) are  | submitt   | ted for filing.   |  |   |  |
| Please                            | return all corres   | pondence concerning this mat  | ter to th | e following:  |  |   |  |
|                                   | Ann J. Zabielinski Name of Person   |   |           |   |  |   |  |
|                                   |   |   | Name      | oi Person   |  |   |  |
|                                   | JONATHAN H. GREEN & ASOCIATES, P.A.   |   |           |   |  |   |  |
|                                   | Firm/Company  |   |           |   |  |   |  |
|                                   | 799 Brickell Plaza, Suite 700  Address  Miami, Florida 33131  City/State and Zip Code |   |           |   |  |   |  |
|                                   |   |   |           |   |  |   |  |
|                                   |   |   |           |   |  |   |  |
|                                   |   |   |           |   |  |   |  |
|                                   |   | E-mail address: (to be used   |           | GLAW.COM  |  | 1   |  |
| For fu                            | rther information   | concerning this matter, please  |           | o umuur jopoit ii   |  | ,   |  |
|                                   |   | J. Zabielinski  | _ at (    | 305   | Dantin T                                     | 372-5100<br>elephone Number   |  |
|                                   | Name  | 5 Of Person   |           | Area Code &   | Dayume 1                                     | eiepikone Number  |  |
| Enclo                             | sed is a check  | for the following amount:   |           |   |  |   |  |
| <b>∕</b> ]\$125                   | .00 Filing Fee  | \$130.00 Filing Fee & Certificate of Status   | C         | 55.00 Filing Fertified Copy Iditional copy is   |  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |  |
|                                   |   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |           | Street/Cour<br>Registration<br>Division of Clifton Build<br>2661 Execut<br>Tallahassee, | Section<br>Corporation<br>ding<br>tive Cente | ons<br>er Circle  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

#### **COMPANY NAME**

The name of the Limited Liability Company is:

2035 NW 14 ST, LLC

#### ARTICLE II

#### **ADDRESS**

The mailing address and street address of the principal office of 2035 NW 14 ST, LLC is:

1561 Hammond Drive Miami Springs, Florida 33166

#### **ARTICLE III**

### REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

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.

Jonathan H. Green, Registered Agent

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WHASSEE FLORID.

ARTICLE IV

**MANAGEMENT** 

2035 NW 14 ST, LLC is to be managed by one (1) member and is, therefore, a single member managed company. The name and address of the Managing Member is as follows:

CARIDAD P. BECKERMAN, Manager Member

SECRETARY OF STATE
SECRETARY OF STATE