Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H09000219526 3)))



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

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092

Fax Number : (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Jefferson Arms Apartments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. BRYAN

OCT 14 2009

Electronic Filing Menu

Corporate Filing Menu

HeIEXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Jefferson Arms A	
(Must end with the words "Limited L	isbility Company," "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2100 S Ocean Blvd., Palm Beach, FL 33480	91-31 Oteons Blvd, Elmhurst, NY 11373
(The Limited Limblity Company cannot serve as its own Rubusiness entity with an active Florida registration.) The name and the Florida street address of the CT Corpo Na 1200 South P Florida street address (F	omilion System FOR A CONTROL OF STATE C
Plantation	e, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as accept. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Mark J. Effenbaugh Asst. Secretary & V. President

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Todd Menowitz
	91-31 Queens Blyd, Elmhurst, NY 11373
	ALL
	A A
	in q
	<u> </u>
(Use attachment if necessary)	
•	
CLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
effective date is listed, the date m	ust be specific and cannot be more than five business days pr
days after the date of filing.)	
REQUIRED SIGNATURE:	
1.	10
Signature of a n	nember of an authorized representative of a member.
	with section 603.408(3), Florida Statutes, the execution
of this documen	it constitutes an affirmation under the penalties of perjuty ted herein are true.)
	Todd Menowitz
Citimo D.	Typed or printed name of signee
Filing Fees:	
F198 At William Dun Com Australia and	
	Organization and Designation
of Registered Agent \$ 30.00 Certified Copy (Options	

Page 2 of 2