

41000000909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

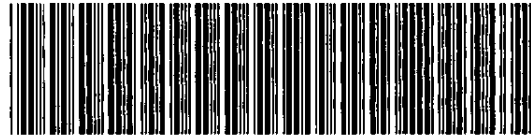
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400190077944

01/10/11--01036--023 **130.00

FILED
11 JAN 10 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 11 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 10630 FIFE AVE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Barkett, Esquire
Name of Person

Collins, Brown, Caldwell, Barkett & Garavaglia, Chartered
Firm/Company

756 Beachland Boulevard
Address

Vero Beach, FL 32963
City/State and Zip Code

michael.johnson@ogcglc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Michael Johnson, Jr. at (**212**) **301-8801**
Name of Person Area Code & Daytime Telephone Number

FILED
JAN 10 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10630 FIFE AVE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

8 Hillcrest Park Road
Old Greenwich, CT 06807

8 Hillcrest Park Road
Old Greenwich, CT 06807

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bruce Barkett, Esquire

Name

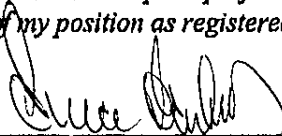
756 Beachland Boulevard

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach FL 32963

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
11 JAN 10 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

H. Michael Johnson, Jr.

8 Hillcrest Park Road

Old Greenwich, CT 06807

MGRM

Virginia G. Johnson

8 Hillcrest Park Road

Old Greenwich, CT 06807

MGRM

Virginia G. Johnson, Trustee of the Devon S. Johnson Trust w/d January 17, 2007

8 Hillcrest Park Road

Old Greenwich, CTJ 06807

MGRM

Virginia G. Johnson, Trustee of the Miles A. Johnson Trust w/d January 17, 2007

8 Hillcrest Park Road

Old Greenwich, CT 06807

11 JAN 10 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

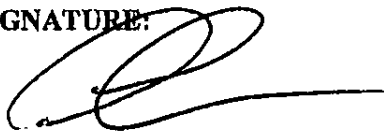
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

H. Michael Johnson, Jr.

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)

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

Virginia G. Johnson, Trustee of the Robin V.
Johnson Trust u/a/d January 17, 2007

FILED
11 JAN 10 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA