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Office Use Only



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COVER LETTER

	istration Section islon of Corporations	
SUBJECT:	3900 FAIRWAYS 412, LLC	
	Name of Lim	ited Liability Company
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.
Please return	all correspondence concerning this ma	atter to the following:
_	SARAH VERCHO	W
		Name of Person
_		Firm/Company
<u>.</u>	4051 N 45th AVENUE	
_		Address
<u>.</u>	HOLLYWOOD, FL 33021-1721	
everch	Ci ow@aol.com	ity/State and Zip Code
3761018		for future annual report notification)
For further in	nformation concerning this matter, plea	se call:
STEVEN V	ERCHOW at (at	754) 400-9585
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
☑ \$125.ò0 Fili	ng.Fee \$\sum_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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:		
3900 FAIRWAYS 412, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the principal address and street addres	ipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address;	
4051 N 45th Avenue Hollywood, FL 33021-1721	SAME	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designa stration.)	ate an individual or
The name and the Florida street address of the regis	stered agent are:	
SARAH VERCHOW	Name	
4051 N 45th Avenue	Name	
Florida street address (P.C	D. Box NOT acceptable)	
Hollywood	FL 33021-1721	
City	Zip	
	accept the appointment as registered agent isions of all statutes relating to the proper at the obligations of my position as registered Chapter 605, F.S	t and agree to act in this and complete performance
	Signature (REQUIRED)	G.
	TINUED) ge I of 2	ALLANDES -5
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Filing Fees:	(7) J
25.00 Filing Fee for Articles of Organization and Desi	्र । । । । । । । । । । । । । । । । । । ।
30.00 Certified Copy (Optional)	· '74

ARTICLE IV-