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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

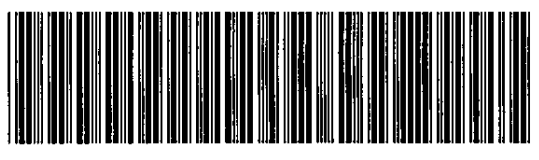
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16 FEB - 4 AM 8:14 AM
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STATE OF ARIZONA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MS 79TH STREET, 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:

Marjorie F. Robbins, Esq.

Name of Person

Trute & Robbins

Firm/Company

P. O. Box 6260

Address

Surfside, FL 33154

City/State and Zip Code

scsgc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie F. Robbins at (305) 865-6736
Name of Person Area Code Daytime Telephone Number

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

FOR

MS 79TH STREET, LLC

16 FEB -4 AM 9:48

ARTICLE I – NAME

The name of the Limited Liability Company is:

MS 79TH STREET, LLC.

ARTICLE II – ADDRESS

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

5741 Dewey Street
Hollywood, FL 33023

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:

MARC LERNER
5741 Dewey Street
Hollywood, FL 33023

Having been named 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
Marc Lerner

ARTICLE IV - MANAGER(S) OR AUTHORIZED MEMBER(S):

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
MGR

Name and Address:
Stephen Couture
1540 Port Avenue
Naples, FL 34104

MGR

Marc Lerner
1281 - 100th Street
Bay Harbor Islands, FL 33154

SIGNATURE:



This document is executed in accordance with Section 605.0203(1)(b) Florida Statutes. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s.17.155, F.S.

Marc Lerner, Member
Typed or Printed name of signee