Requestor's Name) (Address)	400057262584
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	- 07/18/0501027008 **350.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	

Office Use Only

TRANSMITTAL LETTER

FILED

TO:

Registration Section

Division of Corporations

2005 JUL 18 P 12: 50

SECRETARY OF STATE ALLAHASSEE, FLORIDA SUBJECT: 900 ATLANTIC, 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:

Barbara P. Schwartz			
	(Name of Person	n)	
Arnold S. Goldstein & Associates			
	(Firm/Company	<i>'</i>)	
2500 N. Military Trail # 260			
	(Address)		
Boca Raton, FL 33431			
	(City/State and Zip	Code)	
For further information concerning this matter,	, please call:		
Barbara P. Schwartz	at (561	953-1050	

Enclosed is a check for the following amount:

(Name of Person)

\$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)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE. FLORIDA

900 ATLANTIC, 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:

6638 Newport Lake Circle
Boca Raton, FL 33496

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

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

Name

6638 Newport Lake Circle

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

Boca Raton

FL 33496

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..

gent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manag	ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	FILED
"MGRM" = Managing Member	Bunter Limited Partner Il	18 P 12: 50
MGRM	By: Larry Stauffer, 6P	ECRETARY OF STATE LLAHASSEE, FLORID
	6638 Newport Lake Circle 7/A Boca Raton, FL 33496	LLAHASSEL, C
		- ,
		
		 .
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested	L.
		•
REQUIRED SIGNATURE:		
(A)		
Signature of a member	or an authorized representative of a member.	
(In accordance with sec of this document consti that the facts stated h	etion (08.408(3), Florida Statutes, the execution atutes an affirmation under the penalties of perjury therein are true.)	
imited Larry Stauffer, 6f		
neighb By. Larry Stautter, GF	ped or printed name of signee	

\$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):

Filing Fees: