

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

142 realty, llc

Certificate of Status Û Certified Copy Į Page Count 03 Estimated Charge \$155.00

Help



October 10, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: 142 REALTY, LLC

REF: W06000044104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

FAX Aud. #: H06000246292 Letter Number: 706A00059794

RECEIVED
06 OCT 11 PMI2: L

P.O BOX 6327 - Tailahassee, Flonda 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		Company is	<b>5</b> ;				
142 REALTY,	LLC						
(Must end with the words '	Limited Liability C	Company, "Limi	ited Com	pany" or their abbrevial	ion "LLC," or "L.C.	~~ ~~	
ARTICLE II - Add The mailing address		ress of the p	xincipa	al office of the Lia	nited Liability (	Company i	is:
Principal Office Address:			Ма	<u>llius Address:</u>	وينشوه	<u>。</u> 图	
16481 NE 29 Avenue			(se	me)	£50	300	-3.0
North Mismi Beach	a, ML 33181			-			
ARTICLE III - Rep (The Limited Liebility Con- business entity with so set	many cannot serve	ss its own Regi					1 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
The name and the FI	orida str <b>eet ad</b> e	iress of the	registe	red agent are:	•	Diti:	
	BRETT DAVID						
<u></u>	·	Name	;		• • • • • • • • • • • • • • • • • • • •	•	
	16481 NE 29	Avenue					
_	F	orida street ad	dress (P	O. Box NOT accepts	able)		_
	North Miami	Beach	FL	33181			
-	<u> </u>	City, State,	and Zip		<del></del>		

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)
Page 1 of 2

H06000246292

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR	Brett David 16481 NE 29 Avenue
	North Miami Beach, FL 33181
(Use attachment if necessary)	
TCLE V: Effective date, if other than the a effective date is listed, the date must be	e date of filing: (OPTIONAL)  the specific and cannot be more than five business days pri
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 penjury that the facts stated herein are true.)

BRETT DAVID

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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Page 2 of 2

H06000246292