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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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2006 APR 24 PH 2: 00
SECRETARY OF STATE

WW-43897

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: RJ			
	(Name of Limited	l Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
D)	1		
Please return all correspond	ondence concerning this matter	r to the following:	
*			
EDDIE	ZURAW	Name of Person)	<u></u>
	(1)	value of reison)	
ENULAS	A. ZURAW	LPA	
_ EDWAKI	S A. ZURAW	Firm/Company)	
	`	,	
209 5	E. 5TH AVE		•
<u></u>	<u> </u>	(Address)	
DELRAY	1 BEACH, FL (City/	33483 · 5206	
	(City/	State and Zip Code)	4. 2
			2006 APR 24 PH 2: 00 SECRETARY JF STATE TALLAHASSE FLORID TALLAHASSE FLORID TALLAHASSE FLORID
For further information concerning this matter, please call:			그림 된
			ZZ 2
ENNIA ZUALI	.1	at (561) 272.	1317 SER
EDDIE ZURAL (Name	of Person)	at (561) 272 · · · · (Area Code & Daytime T	elephone Number)
			53.53
Enclosed is a check fo	or the following amount:		200
	_		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
		,	(additional copy is enclosed)
	Mailing Address	Street/Courier Addres	<u>ss</u>
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ris
	Tallahassee, FL 32314	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:

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
209 S.S. STH AVE DELRAY BBACH, FL 33483	DELRAY BBACH, FL 33483			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the street address of th	egistered Agent. You must designate an individual or another?			
EDWARD A. Z	LURAW JR. Me PH 2: PH 3: P			
209 S.E. 5TH Florida street	address (P.O. Box NOT acceptable)			
DELRAY BRA City, Sta	CH, FL 33483·5206 te, 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) Page 1 of 2 **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:
MGRM	EDWARD A. ZURLW JR. 351 CLUB CIRCLB # 204 BOCA RATON, FL 33487.3767
MGRM	ROBERT J. POLEO 3961 CORAL HEIGHTS WAY FL LANDERDALE, FL 33308
	·
(Use attachment if necessary)	ZIUG APR
to or 50 days after the date of ming.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1 Zman h
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
EDWARD A. Typed	ZURAW JR. 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)