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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

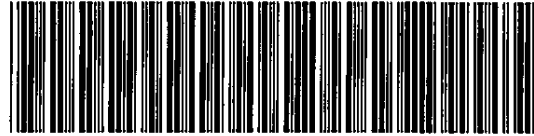
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-39500

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Office Use Only



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08/13/07--01016--005 **25.00

08/23/07--01003--014 **100.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 23 AM 11:40

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 18300 WEST DIXIE LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin R. Jacobi
(Name of Person)

18300 West Dixie LLC
(Firm/Company)

1313 N.E. 125th Street - #200
(Address)

North Miami FL 33161
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 23 AM 11:40

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For further information concerning this matter, please call:

Benjamin R. Jacobi at (305) 893-4135
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2007

BENJAMIN R. JACOBI
1313 N.E. 125TH STREET - #200
NORTH MIAMI, FL 33161

SUBJECT: 18300 WEST DIXIE LLC
Ref. Number: W07000039500

FILED
07 AUG 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 18300 WEST DIXIE LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$100.00.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 307A00049516

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

18300 WEST DIXIE 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:

1313 N.E. 125th Str. - #200
North Miami FL 33161

1313 N.E. 125th Str. - #200
North Miami FL 33161

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

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

Benjamin R. Jacobi

Name

1313 N.E. 125th Street - #200

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

North Miami FL 33161

City, State, and Zip

FILED
07 AUG 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Benjamin R. Jacobi

1313 N.E. 125th Str. - #200

North Miami FL 33161

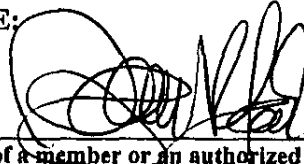
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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 perjury that the facts stated herein are true.)

BENJAMIN R. JACOBI

Typed 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)