

11/20/2013 9:57:35 From To: 8506176383

Division of Corporations

L13000162973

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Ford Equities, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03/4
Estimated Charge	\$125.00

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November 20, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: FORD EQUITIES, LLC
REF: W13000064090

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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tim Burch
Regulatory Specialist II

FAX Aud. #: H13000255943
Letter Number: 413A00026790

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

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date of submission 11/19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ford Equities, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5347 Baroque Drive
Holiday, FL 34690-6612

Mailing Address:

c/o Muller & Muller
P.O. Box 164
Bergenfield, NJ 07621-0164

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Freddy Ordine

Name

5347 Baroque Drive

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

Holiday

FL 34690-6612

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.

Freddy Ordine

By:

Registered Agent's Signature (PRINTED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Freddy Ordine

5347 Baroque Drive

Holiday, FL 34690-6612

MGR

Randy Daniel

1447 Saplin Drive

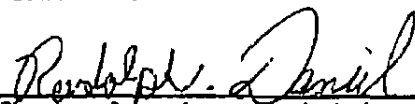
Holiday, FL 34690-6612

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HALLAND BEACH, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RANDOLPH (Randy) DANIEL

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)