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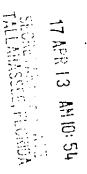
(Requestor's Name)					
(Address)					
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(City/State/Zıp/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					





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COVER LETTER

	lew Filing Section Division of Corporations				
SUBJECT	3215 S. Dixie Realty Associates, L	LC			
SOBJECT	Name of Limited Liability Company				
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.			
Please rett	irn all correspondence concerning this	matter to the following:			
	Steven I. Greenwald, Esq.				
		Name of Person			
	Law Offices of Steven I. Greenwald,	PA			
		Firm/Company			
	6971 N. Federal Highway, Suite 105				
	Address				
	Boca Raton, FL 33487				
	sigreenwaldlaw@att.net	City/State and Zip Code			
	E-mail address: (to be us	ed for future annual report notification)			
For further	information concerning this matter, ple	ase call:			
	Steven Greenwald Name of Person	Area Code Daytime Telephone Number			
Enclosed i	is a check for the following amount:				
S125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
3215 S. Dixie R	ealty Associates, LLC			
	contain the words "Limited l	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limite	d Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
17566 Grand Es Boca Raton, FL			566 Grand Este Way ca Raton, FL 33496	
(The Limited Liability Com another business entity with	d Agent, Registered Office, spany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. n.)	ent's Signature: . You must designate an individual or	
	Steven I. Greenwald,	, Esq.		
		Name		
	6971 N. Federal High	hway, Suite 105		
	Florida street address (P.O. Box NOT acceptable)			
	Boca Raton	FL	33487	
	City	State	Zip	
place designated in this certif further agree to comply with t	icate, I hereby accept the applicate, I hereby accept the applications of all statutes rehealed and the obligations of my position	ointment as registe elating to the prope as registered agen	the above stated limited liability company at the cred agent and agree to act in this capacity. It are and complete performance of my duties, and I as provided for in Chapter 605, F.S	
			TAL SEC	

SECRETARY OF AMIONS
SECRETARY OF THE COMMITTEE OF THE COM

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** Stefanie Rosenzweig 17566 Grand Este Way Boca Raton, FL 33496 AMBR/MGR Jason Rosenzweig 17566 Grand Este Way Boca Raton, FL 33496 (Use attachment if necessary) ______. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:**

o.....

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s.817.155, F.S.

ASON KOSENZWEIG, MGR 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)