L02000028929

(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:

Office Use Only



500008538335

10/30/02--01037--022 **155.00

02 OCT 30 PM 12: 42
SUBJON OF STATE
SYNDON OF STATE
TALLAHASSEE FLORIDA

02 OCT 30 PM 2: 16

FILED SECRETARY OF STATE ISION OF CORPORATIONS



CORPORATE				
\ ACCESS, \	236 East 6th Av	renue . Tallahassee, l	Florida 32303	
INC. P.O. BO	ox 37066 (32315-7066)	~ (850) 222-2666 o	r (800) 969-1666 . Fa	x (850) 222-1666
	WALI	(IN /3/02/AL	g da	
CERTIFIED COPY		cus		<u>:;</u>
РНОТО СОРУ		FILING	LLC	
) A JREH : La (CORPORATE NAME & DOCUMENT #)	LC			
) (CORPORATE NAME & DOCUMENT #)				DIVISION 02 CC
				FILED FILED FOF CORP
(CORPORATE NAME & DOCUMENT #)				STATE ORATIONS
(CORPORATE NAME & DOCUMENT #)				
(CORPORATE NAME & DOCUMENT #)	-	<u> </u>		
PECIAL INSTRUCTIONS		J		
				,,*··

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

5731 NW56 th MANOR

COPAL SOPINGS FL 33067
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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

AJREH, LLC

Florida street address (P.O. Box NOT acceptable) City, State, and Lip City, State, and Lip Lip - Coral Springs Having been named as registered agent and to accept service of process for the above stated lin 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 statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.	nited of all nd	_
(An additional article must be added if an effective date is requested) 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.) TAMES GIEFO Typed or printed name of signee	02 OCT 30 PM 2: 16	SECRETARY OF STATE OF STATE OF CORPORATIONS

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)