

L02000032635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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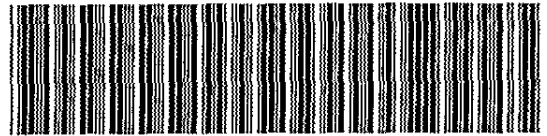
(Business Entity Name)

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2002 DEC -5 AM 9:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

December 3, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Michael Frank Rizzo  
3911 N. E. 22<sup>nd</sup> Avenue  
Ft. Lauderdale, FL 33308  
(954) 258-2051

Dear Sir or Madam:

Enclosed please find my application for an "LLC" company, the articles of organization, and my check in the amount of \$160.00, which is distributed as follows:

\$100.00	Article of Organization
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
<u>\$ 5.00</u>	<u>Certificate of Status</u>
\$160.00	Total Submitted

My name, address and daytime telephone number is as follows:

Michael Frank Rizzo  
3911 N. E. 22<sup>nd</sup> Avenue  
Ft. Lauderdale, FL 33308  
(954) 258-2051

If I may be of any further assistance, please contact me at the number listed above.

Sincerely,

  
Michael Rizzo

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ATLANTIS PROPERTIES "LLC"

**ARTICLE II - Address:**

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

3911 NE 22ND AV., FORT LAUDERDALE, FLORIDA 33308

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

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

MICHAEL FRANK RIZZO

Name

3911 NE 22ND AV

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

FORT LAUDERDALE FL 33308

City, State, and Zip

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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.*

*Michael Rizzo*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*H/A*

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.)

ELY BENAİM

Typed or printed name of signer

**Filing Fees:**

- \$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)