

# L0300000 5886

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

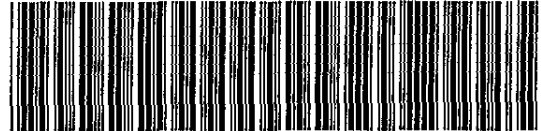
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*2/18  
West*

Office Use Only



800012224078

02/17/03--01049--001 \*\*125.00

FILED  
03 FEB 17 AM 8:43  
TALLAHASSEE, FLORIDA

**SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A.**

ATTORNEYS AT LAW  
2550 BRICKELL BAYVIEW CENTRE  
80 S.W. 8TH STREET  
MIAMI, FLORIDA 33130

VINCENT E. DAMIAN, JR.

TELEPHONE (305) 379-1681  
TELECOPY (305) 374-1719

February 13, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
03 FEB 17 AM 8:43  
TALLAHASSEE, FLORIDA

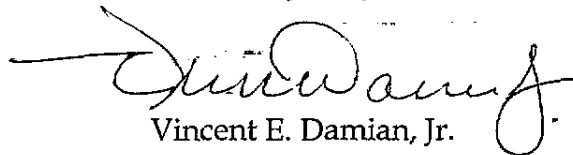
SUBJECT: ALBAN L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

Dear Sir or Madam:

Enclosed is an original and one (1) copy of the Articles of Corporation and a check for \$125.00 for filing fee of Articles of Organization and for designation of Registered Agent.

Should you have any questions, please do not hesitate to contact me.

Yours very truly,

  
Vincent E. Damian, Jr.

VED/ley  
Enclosure

**ARTICLES OF ORGANIZATION  
FOR  
ALBAN L.L.C.,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Alban L.L.C.

**ARTICLE II - Address:**

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

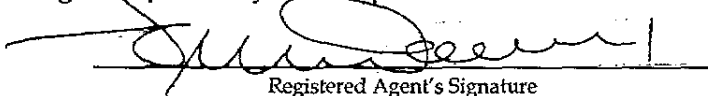
3615 Park Court, Weston, FL 33326

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

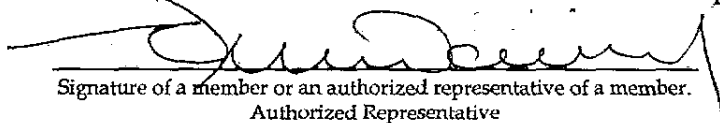
The name and the Florida street address of the registered agent are:

Vincent E. Damian, Jr.  
80 S.W. 8<sup>th</sup> Street, Suite 2550  
Miami, FL 33130

*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

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

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

(In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Vincent E. Damian, Jr.  
Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Article of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

**FILED**  
03 FEB 17 AM 8:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE