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(Requestor's Name)

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(City/State/Zip/Phone #)

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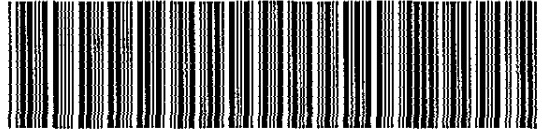
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JK

HOWARD LEVINE, ESQ.
Law Offices of Howard Levine
900 16th Street, #208
Miami Beach, Florida 33139

TEL: (305) 532-5598 FAX: (305) 672-4127
E-mail: HLevineEsq@aol.com

February 3, 2003

Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Pierre Marcel Galleries, L.L.C.

Gentlemen:

Enclosed is an original and one copy of the Articles of Organization and Designation of Registered Agent for the new filing of the above-captioned Florida limited liability company. Also enclosed is a check payable to Florida Department of State in the amount of \$155.00 to cover the cost of the following:

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	25.00
Certified Copy	<u>30.00</u>
	<u>155.00</u>

Please return the letter of acknowledgment to me at the address denoted on this letterhead.

Sincerely yours,



Howard Levine, Esq.

03 MAR 11 2003
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
PIERRE MARCEL GALLERIES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
420 ESPANOLA WAY
MIAMI BEACH, FL 33139

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

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

HOWARD LEVINE, ESQ.

Name

420 ESPANOLA WAY

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

MIAMI BEACH

FL 33139

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

(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.)

HOWARD LEVINE, ESQ.

Typed or printed name of signee

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)