

L03000008836

FILED

03 MAR 11 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000076661 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

2900 nw 35 street, llc

RECEIVED
03 MAR 11 PM 1:12
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AL

H0300007L0L0L01

FILED

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

03 MAR 11 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2900 NW 35 STREET, LLC

ARTICLE I

The name of the Limited Liability Company shall be: **2900 NW 35 STREET, LLC**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: **745 NW 54th STREET, MIAMI, FL 33127.**

ARTICLE IV

The name and the Florida street address of the registered agent are:
TOM PARKER, 745 NW 54th STREET, MIAMI, FL 33127.

H0300007L0L0L01

H03000076661
FILED

CERTIFICATE OF DESIGNATION 03 MAR 11 PM 3:45
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2900 NW 35 STREET, LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Tom Parker
Registered Agent

THL
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.)

TOM PARKER
Typed or printed name of signee

H03000076661