

L030000 38277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

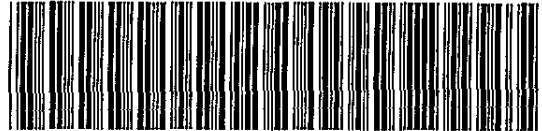
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W03-19507



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10/07/03--01036--003 **25.00

07/07/03--01092--002 **100.00

CITY OF ALABAMA
TALLAHASSEE, FLORIDA

03 OCT -8 AM 9:04

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HILLSBORO / 39 LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Schwert
(Name of Person)

Myriad Rich Cos.
(Firm/Company)

7850 NW 146 St #308
(Address)

Miami Lakes FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Schwert at (305) 556-7162
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

FILED
03 OCT - 8 AM 9:04
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 10, 2003

RICHARD SCHWORTZ
7850 NW 146 ST #308
MIAMI LAKES, FL 33016

SUBJECT: HILLSBORO/39 LLC
Ref. Number: W03000019507

CLERK OF THE
TALLAHASSEE COUNTY

03 OCT - 8 AM 9:04

FILED

We have received your document for HILLSBORO/39 LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00040876

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HILLSBORO / 39 LLC

ARTICLE II - Address:

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

Principal Office Address:

C/O MAYNARD RICH COS.
7850 NW 146 ST # 308
MIAMI LAKES FL 33016

Mailing Address:

← SAME

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

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

RICHARD SCHWARTZ
Name
7850 NW 146 ST # 308
Florida street address (P.O. Box NOT acceptable)
Miami Lakes FL 33016
City, State, and Zip

FILED
03 OCT - 8 AM 9:04
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..

[Signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

MGRM

Name and Address:

Richard Schwartz

7850 NW 146 ST #308
MIAMI LAKES FL 33016

Carl Maynard

7850 NW 146 ST #308
MIAMI LAKES FL 33016

JACK DISKIN

7850 NW 146 ST #308
MIAMI LAKES FL 33016

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TALLAHASSEE FLORIDA

FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Richard Schwartz

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)