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(Requestor's Name)

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(Address)

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC - 1 PM 4:51

**FILED**

2500 N. Military Trail # 260, Boca Raton, Florida 33431  
Tel (561) 953-1050 • Fax (561) 953-1940

**Arnold S. Goldstein &  
Associates, LLC**

November 25, 2003

Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: APOLA, LLC**

We are enclosing a check in the amount of \$125 as filing fees for the Florida Limited Liability Company. The Articles of Organization form is filled out and signed. All correspondence should be through our office. Thank you.

Sincerely,

*Barbara P. Schwartz*

Barbara P. Schwartz

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TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Apola, 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:

Barbara Schwartz  
(Name of Person)

Arnold Goldstein + Associates  
(Firm/Company)

2500 N. Military Trail #260  
(Address)

Boca Raton FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at 561, 953 1050  
(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

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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:

Apola, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

1710 N.E. 191 Street #315  
NORTH MIAMI BEACH, FLA  
33179

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

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

Barbara Rodin  
Name

1710 NE 191 Street #315  
Florida street address (P.O. Box **NOT** acceptable)

N. Miami Beach, FLORIDA 33179  
City, State, and Zip

*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, Florida Statutes..*

Barbara Rodin  
Registered Agent's Signature

**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

**Name and Address:**

MGR

Barbara Rodin  
1710 NE 191 Street #315  
N. Miami Beach FL 33179

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(Use attachment if necessary)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**REQUIRED SIGNATURE:**

Barbara Rodin  
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.)

Barbara Rodin  
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)