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(Re	equestor's Name)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Arnold S. Goldstein & Associates, LLC

November 25, 2003

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

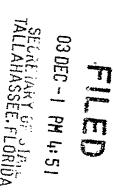
Re: APOLA, LLC

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



TRANSMITTAL LETTER

TO:	Division of Corporations	SS .	
SUBJ	Name of Limited Liability Company))EC PH	
The er	nclosed 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		
	Boca Paton FL 33431		

For further information concerning this matter, please call:

Barbara Schwartz (56), 953 1050

(Area Code & Davime 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 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. 1995 #315	
Notth Miang Beach, Fo	/
ARTICLE III - Registered Agent, Registered Office, & Registered Agent Signature: The name and the Florida street address of the registered agent are:	
Barbara Rodin	

N. Miami Bead FLORIDA 33179

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

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)