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Florida Department of State

Division of Corporations Public Access System

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## LIMITED LIABILITY COMPANY

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
1860 N PINE ISLAND RD. ST 109	1860 N PINE ISLAND RD. ST 109
PLANTATION FL 33322	PLANTATION FL 33322
ADTICLE III - Registered Agent Deciste	ered Office, & Registered Agent's Signature:
The name and the Florida street address of the	
CLAUDE	LEVY
Na	me CL
	DINA DR.
Florida street address	(P.O. Box NOT acceptable)
WESTON	FLORIDA 33327
City, Sta	ate, and Zip
company as the place aexignated in this certificate, I here to exemple	

.....<u>.</u>.

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

**ECFS** 

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM	CLAUDE LEVY
	1047 NANDINA DR.
•	WESTON FL 33827
MGRM	ELLIOT LEVY
	1563 SUNPIPER CIRCLE
	WESTON FL 33327
MGRM	ALBERT LEVY
	7840 ELMRIDGE DR.
	BOCA RATON FL 33433
MGRM	LILIANE LEVY
	7640 ELMRIDGE DR.
(Use attachment if necessary) MGRM	Sandra Levy 7640 Elmridge Dr. Boca Raton FL 33433
NOTE: An additional article min	ided if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a men /	representative of a member.
(In accordance with section of this document constitutes that the facts stated herein as	, Florida Statutes, the execution an armination under the penalties of perjury e true.)
CL	AUDE LEVY
	r 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)

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