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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

LIMITED LIABILITY COMPANY**HARBOR ISLES 3702, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAATTACHED
AND
FILED*Handwritten signature/initials*

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARBOR ISLES 3702, LLC

ARTICLE II - Address:

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

Principal Office Address:

18151 No. East 31st Ct.

Suite #1014

Aventura, FL 33160

Mailing Address:

c/o Hirsch & Co. P.C.

14 W. Hawthorne Ave., Ste 102

Valley Stream, NY 11580

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

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

Shlomo Beno

Name

18151 No. East 31st Ct., #1117

Florida street address (P.O. Box **NOT** acceptable)

Aventura

FLORIDA 33160

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..


Registered Agent's Signature

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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:

MGRM

Arley Nusbaum

18151 N. East 31st Ct., #1014
Aventura, FL 33160

(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.)

Arley Nusbaum

Typed or printed name of signee

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04 JAN 29 PM 5:07
SECRETARY
TALLAHASSEE, FLORIDA

APPROPRIATE
AND
FILE