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Florida Department of State
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To:

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

From:

Account Name : MASTRIANA & CHRISTIANSEN, P.A.
Account Number : I19990000141
Phone : (954) 566-1234
Fax Number : (954) 564-0222

LIMITED LIABILITY COMPANY

FRAM FED ELEVEN, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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DIVISION OF CORPORATION

2404



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 3, 2004

MASTRIANA & CHRISTIANSEN, P.A.
ATTN: F. RONALD MASTRIANA
1500 N. FEDERAL HWY. #200
FT. LAUDERDALE, FL 33304

SUBJECT: FRAM FED ELEVEN, LLC
REF: W04000004648

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

FAX Aud. #: H04000024022
Letter Number: 304A00007170

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AND
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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRAM FED ELEVEN, 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:

1500 NORTH FEDERAL HWY #200

1500 NORTH FEDERAL HWY#200

FORT LAUDERDALE, FLORIDA 33304

FORT LAUDERDALE, FLORIDA 33304

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

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

F. RONALD MASTRIANA

Name

1500 NORTH FEDERAL HWY #200

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

FORT LAUDERDALE

FLORIDA 33304

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

F. RONALD MASTRIANA

1500 NORTH FEDERAL HWY #200

FORT LAUDERDALE, FLORIDA 33304

(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.)

F. RONALD MASTRIANA

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)

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