# L040000 32263

· (Re	questor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
		4/250
<u> </u>	Office Use Only	(118)



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### TRANSMITTAL LETTER

	stration Section
Divis	sion of Corporations
SUBJECT:	18th Court 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:
	Alessandro De Paolis
	(Name of Person)
-	(Firm/Company)
510 NI	E 8 Ave
'	(Address)
	Fort Lauderdale, FL 33301
	(City/State and Zip Code)
For further inf	formation concerning this matter, please call:
Alessandro E	De Paolisat ( 954
	(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

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

is:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
18th Court LLC	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company
Principal Office Address:	Mailing Address:
510 NE 8 Ave	510 NE 8 Ave
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register  Alessandro De Paolis  Name  510 NE 8 Ave  Florida street address (P.O. Box 1)  Fort Lauderdale,  City, State, and Zip	red agent are:  LAHASSEE, FLOR

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)

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member Alessandro De Paolis MGRM 510 NE 8 Ave Fort Lauderdale, FL 33301 (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

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

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

Alessandro De Paolis

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee