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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	—			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	٦			
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: Continuum2-18N, LLC		
(Name	of Limited Liability Company)	
		TO TO
The enclosed Articles of Organization and f	fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	MARK 30 PA U. 31
Zulma M. Howarth		22 0
	(Name of Person)	A CONTRACTOR OF THE PARTY OF TH
IncAdvantage.com, Inc.		, 0
	(Firm/Company)	
PO Box 927		
	(Address)	
West Windsor, NJ 0855	50-0927	
	(City/State and Zip Code)	
For further information concerning this mat	tter, please call:	
Zulma Howarth	at (877) 462-2388	
(Name of Person)	(Area Code & Daytime Telephone Number)	

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> 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

	ORGANIZATION FOR LIABILITY COMPANY ALTONOMICS ALTONO	
	ORGANIZATION 24 14 15	
	FOR THE PTY COMPANY	
FLORIDALIVITED	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is		
Continuum2-18N, LLC	All As	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
100 South Pointe Drive, #3406	100 South Pointe Drive, #3406	
Miami Beach, Florida 33139	Miami Beach, Florida 33139	
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the		
The Mann and The Liester Shoet and Coll. of the	John and	
Richard L, Kopittke		
Nam	•	
100 South Pointe Drive, #34	06	
	O. Box NOT acceptable)	
Miami Beach	FLORIDA 33139	
City, State		

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)

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	•	Un all A
ARTICLE IV- Manager(s) or Mana		17/02 P3 X
The name and address of each Manage	er or Managing Member is as follows:	All On O
<u>Title:</u>	Name and Address:	The state of the s
"MGR" = Manager		S. P. Page 3
"MGRM" = Managing Member		OR/OX
MGRM	Richard L. Kopittke	AMAR 30 PM 1:31
	100 South Pointe Dr., #3406	
	Miami Beach, Florida 33139	
		
		
	•	
		-
(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.)

Richard L. Kopittke - Member

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)