

L04000037914

2004 MAY 10 P 2:50

SECRETARY OF STATE
(Requestor's Name) ALABAMA, FLORIDA

(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:

Office Use Only



700033719977

05/10/04--01104--021 **125.00

AL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9th Street Crib L.L.C.
(Name of Limited Liability Company)

FILED

2004 MAY 10 P 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Lynn
(Name of Person)

Brian Lynn C.P.A.
(Firm/Company)

Two South University Dr Suite # 215
(Address)

Plantation, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Lynn at (954) 474-1111
(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**

FILED

2004 MAY 10 P 2: 5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

9th Street Crib L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1001 NW 51st CT
Ft Lauderdale, FL 33309

Mailing Address:

1001 NW 51st CT
FT Lauderdale, FL 33309

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

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

Brian Lynn
Name
Two South University Dr Suite 215
Florida street address (P.O. Box NOT acceptable)
Plantation, FLORIDA 33324
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..

Brian Lynn
Registered Agent's Signature

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 MAY 10 P 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"MGR"

Neil Rubin
1001 NW 51ST CT
Ft Lauderdale, FL 33309

"MGR"

Antoinette Rubin Guerra
1001 NW 51ST CT
Ft Lauderdale, FL 33309

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Antoinette Rubin Guerra
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.)

Antoinette Rubin Guerra
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)