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(Req	uestor's Name)
(Addı	ress)
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(City/	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doca	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
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	5014
	Office Use Only



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O4 MAY 17 AM II: 28

TOPEL AND SILVER

CERTIFIED PUBLIC ACCOUNTANTS, P.A.

29 PLAZA NINE MANALAPAN, NJ 07726

> 732-780-1200 FAX: 732-409-2480

CLIFFORD M. TOPEL, CPA, DABFA STEVEN R. SILVER, CPA DONALD GOLDBERG*, CPA CARRIE A. MUSIALOWICZ, CPA

*LICENSED IN NJ and NY

INSTRUCTION FORM FOR 1634 SOUTHWEST 33RD, LLC

OL MAY 17 ANII: 28
SECOL TARY OF STATE
TALLAHASSEE, FLORIDA

Form

Articles of Organization.

Signature:

Please sign and date where indicated.

All signatures must be original. Rubber stamp signatures and photocopies of signatures are not acceptable.

Payment Due

There is a payment due in the amount of \$155.00. Please make your check payable to "Florida Department of State".

Due Date:

Immediately

Where to File:

Registration Section
Division of Corporations
Post Office Box
Tallahassee, FL 32314

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1634 Southwest 33rd 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:
Steven R. Silver CPA (Name of Person)
Topel and Silver CPA'S PA Fig. 2
29 Plaza9
(Address)
Manalapan NJ 01726 Fig. 28 1
For further information concerning this matter, please call:
Steven R. Silver, CPA at (732) 180-1200 (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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
1634 Southwest 33"	d, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1634 Southwest 33rd Terrace	do Silverfox Tours
Cape Coral FL, 33914-4957	32 S. Tennessee Avenue 300
	Attantic City NET 08404
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	
David Williams	AMII: 28
Florida street address (P.O. Box NO	errace erraceptable)
City, State, and Zip	DRIDA 33914-4957

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)

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:		
MCR	David Williams 100 East Upland Avenue Calloway NIJ 08205		
MGRM	Frank Williams 237 Cumberland Avenue Estell Manor NJ 08319		
<u> </u>	TALL AHAS	04 MAY 17	η
	SEF	7 AH	
(Use attachment if necessary)	- LDRIDA	: 28	J
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.)

DAVED F WILLIAMS

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)