L04000040267

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Calcinoso Litaly (Tallio)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800036462808

05/21/04--01072--014 **125.00

2004 MAY 21 PM 4: 57

TRANSMITTAL LETTER

	egistration Section	
Div	ivision of Corporations	
SUBJECT:	Lori Industries, LLC	and the
	(Name of Limited Liability Company)	
The enclosed	ed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Laurie R. Chibnik	
	(Name of Person)	- - , - , - ,
	Lori Industries LLC	-
	(Firm/Company)	
P.O.	. Box 600900	
	(Address)	海 多 2
	North Miami Beach, FL 33160	The second
	(City/State and Zip Code)	
For further in	information concerning this matter, please call:	TOWNSEE PLONGE
Laurie Chib	bník <u>at (</u> 305 <u>)</u> 785-2550	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Ŷ

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

	ARTICLES	OF ORGANIZATION FOR	MANUAL PARSE TO STATE OF THE ST
	ET ODIOA I IMITE	ED LIABILITY COMPANY	The Comment of the same
	FLORIDA LIMITE	DEIABICH I COMPANI	20 9. C.
ARTICLE I - Nan	ne•		16 6
	imited Liability Company	/ is:	15 C 14
2110 22 01 1110			Carry F.
Lori Industries, LLC			
			Moy
ARTICLE II - Ad			70'
The mailing addres	ss and street address of th	e principal office of the Limited Liabilit	ly Company is:
Principal Office A	Address.	Mailing Address:	
Trincipai Office A	tuuress.	Mainie Address.	
16434 NE 33rd Ave		P.O. Box 600900	·
N. Miami Beach, FL	33160	N. Miami Beach, FL 33160	
		ered Office, & Registered Agent's Sign	nature:
	egistered Agent, Registe Florida street address of t		nature:
			nature:
	Florida street address of to		nature:
	Florida street address of t Jay Wasserman	he registered agent are:	nature:
	Florida street address of the Jay Wasserman No. 16434 NE 33rd Ave	he registered agent are:	nature:
	Florida street address of the Jay Wasserman No. 16434 NE 33rd Ave	he registered agent are:	nature:
	Florida street address of the Jay Wasserman No. 16434 NE 33rd Ave Florida street address	he registered agent are: ame (P.O. Box NOT acceptable)	nature:
	Florida street address of the street address	he registered agent are: ame (P.O. Box NOT acceptable) FLORIDA 33160	nature:
	Florida street address of the street address	he registered agent are: ame (P.O. Box NOT acceptable)	nature:
The name and the I	Florida street address of the street agent and to accept of the street agent and the street agent ag	he registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated lin	nited liability
The name and the I ving been named as regis npany at the place design	Florida street address of the street agent and to accept the street agent and the scripticate, I have a street address of the street agent and the scripticate, I have a street address of the street	he registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated lingureby accept the appointment as register	nited liability ed agent and
The name and the I ving been named as regis apany at the place design e to act in this capacity.	Florida street address of the street agent and to accept the street agent and the street agent and the street agent a	he registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated linereby accept the appointment as register with the provisions of all statutes relating	mited liability ed agent and g to the proper
ving been named as regis npany at the place design e to act in this capacity. I complete performance (Florida street address of the street agent and to accept the street agent and the street agent ag	the registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated linguishereby accept the appointment as register with the provisions of all statutes relating the poligations of many states and accept the obligations of many services.	mited liability ed agent and g to the proper
ving been named as regis npany at the place design e to act in this capacity. I complete performance (Florida street address of the street agent and to accept the street agent and the street agent ag	he registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated linereby accept the appointment as register with the provisions of all statutes relating	mited liability ed agent and g to the proper
ving been named as regis npany at the place design e to act in this capacity. I complete performance (Florida street address of the street agent and to accept the street agent and the street agent ag	the registered agent are: (P.O. Box NOT acceptable) FLORIDA 33160 ate, and Zip service of process for the above stated linguishereby accept the appointment as register with the provisions of all statutes relating the poligations of many states and accept the obligations of many services.	nited liability ed agent and g to the proper

Page 1 of 2 (CONTINUED)

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

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 Laurie R. Chibnik						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THAS CONTRACTOR OF THE STATE OF				
MGRM	16434 NE 33rd Ave	RICAS				
MGRM	N. Miami Beach, FL 33160 Jeanne Chibnik					
	16434 NE 33rd Ave N. Miami Beach, FL 33160					
MGRM	Louis Chibnik 16434 NE 33rd Ave N. Miami Beach, FL 33160	<u>.</u>				
(Use attachment if necessary)		, 1 •■ ••				

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.)

Louis Chibnik

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)