L04000044888

•				
(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:				
]				

Office Use Only



700037499297

06/14/04--01038--019 **160.00



TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT:	Immoflorida LLC	
	(Name of Limited Liability Commons)	_
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	Maria Str. Company
	Please return all correspondence concerning this matter to the following:	The Wall
	Michael J Hababou	Town of
	(Name of Person)	- 15 CO 15.
		CALO.
	(Firm/Company)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2130	0 San Simeon Way #Q5	
	(Address)	
	North Miami Beach, Florida, 33179	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	
Michael J F	at (786) 486-3107	
	(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

	FOR LIABILITY COMPANY
	The land
ARTICLE I - Name: The name of the Limited Liability Company is	ORGANIZATION FOR LIABILITY COMPANY principal office of the Limited Liability Company is:
Immoflorida LLC	
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21300 San Simeon Way #Q5	
2 1300 San Sineon Way #Q3	
North Miami Beach, Florida, 33179	
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the	registered agent are:
Michael J Hababou	
Michael J Hababou Name	;
Name	
Name 21300 San Simeon Way #Q5	
Name 21300 San Simeon Way #Q5 Florida street address (P.	O. Box <u>NOT</u> acceptable)
Name 21300 San Simeon Way #Q5	O. Box <u>NOT</u> acceptable) FLORIDA 33179

Page 1 of 2 (CONTINUED)

registered agent as provided for in Chapter 608, Florida Statutes..

Title	Name and Address:	W. A. C.
<u>Title:</u> "MGR" = Manager	Name and Address.	(F) \C
"MGRM" = Managing Member	- Total	(g. 19)
WORW - Wallaging Wichidel	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	100 8. A
MGR	Michael J Hababou	27/10
	21300 San Simeon Way #Q5	RISON
	North Miami Beach, Florida, 33179	A.O.
<u> </u>		
(11 to 11 to 12 to		
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date is requested.	
NOTE. An additional article mu	St be added if all effective date is requested.	
REQUIRED SIGNATURE:		
	a (cilco)	
Signature of a member or	r an authorized representative of a member.	
(In accordance with section	n 608.408(3), Florida Statutes, the execution	
of this document constitute	es an affirmation under the penalties of perjury	
that the facts stated herein	are true.)	
Michael J Hababou		
	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)