# W4000048952

(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:
4/28 FLLC
CUS.

Office Use Only



500038087435

06/28/04--01046--005 \*\*130.00

HLM

04 PF 23 M2 5: 33

### TRANSMITTAL LETTER

Registration Section
Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: 1633 174 WAY 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:		
•		
F. BRUCE CORNEAL (Name of Person)		
(Name of Person)		
(Firm/Company)		
1295 NIB 164 TRPPACE		
1225 NE 164 TERRACE (Address)		
FORT LAUDER DALE P/ 33304  (City/State and Zip Code)		
(City/State and Zin Code)		
(000,2000 000,000)		
For further information concerning this matter, please call:		
BRUCE CORNEAL at (954) 76/-944/ (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
409 E. Gaines Street P.O. Box 6327		

Tallahassee, Florida 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: 1633 17 WAY LLC

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
1225 NE 16th TEARACE	FORT LAUDERALE FI 33
FORT LAUDERDALE F/ 33304	FORT LAUDEROALE F/33
The name and the Florida street address of the register $F_{\epsilon}$ BRUCE CORNES	ered agent are:
Name	
1225 NE 1647	TERRACE 28
Florida street address (P.O. Box	NOT acceptable) — 🚉 🕫
_	
Florida street address (P.O. Box  FORT LAVOEROACE  City, State, and Zip	33304

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

## 

(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.)

F. BRUCE CORNEAL

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)