

L04000064020

Florida Department of State

FILED

Division of Corporations

Public Access System

2004 AUG 27 A 10:41

Electronic Filing Cover Sheet

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H04000175355 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**haven marion manor, l.l.c.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

2004 AUG 27 A 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 27, 2004

EMPIRE

SUBJECT: HAVEN MARION MANOR, L.L.C.  
REF: W04000032544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

FAX Aud. #: H04000175355  
Letter Number: 404A00052346

RECEIVED  
04 AUG 27 PM 1:34  
DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H04000175355 FILED

(3)

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2004 AUG 27 A 10:1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haven Marion Manor, 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:

16105 NE 18th Ave.

Nb Miami Bch, FL 33162

Mailing Address:

same

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

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

Victor K. Rone  
Name

16105 NE 18th Ave.  
Florida street address (P.O. Box NOT acceptable)

Nb. Miami Beach FLORIDA 33162  
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..

[Signature]  
Registered Agent's Signature

L04000175355

H04000175355

2004 AUG 27 A 10:41

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Harris Mullman  
16105 NE 18th Ave  
NO. MIAMI BCH, FL 33162

MGRM

Haven Economic Development, INC.  
16105 NE 18th Ave  
No. Miami Bch, FL 33162

(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.)

VICTOR K RONES CSO  
Typed or printed name of signer

**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)

L1704000175355