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2004 AUG 2/5 P 12: 39

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(Requestor's Name)	SECRETARY OF STATE
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TO: Registration Section

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 2004 AUG 25 P 12: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: FF FAMILY VENTURES, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Crisonino, Esquire 2534 S.W. 6th Street Miami, FL 33135

For further information concerning this matter, please call:

Richard A. Crisonino at (305) 541-4040.

Enclosed is my check in the amount of \$155.00, representing the filing fee, designation of Registered Agent fee, and certified copy fee. Please provide our office with a certified copy of these Articles of Organization.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: FILED

The name of the Limited Liability Company is FF FAMILY VENTURES, LLCG 25 P 12: 39

ARTICLE II - Address:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office address: 720 N.E. 69th Street Suite 26S

Miami, FL 33138

Mailing address: 720 N.E. 69th Street Suite 26S Miami, FL 33138

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

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

Richard A. Crisonino 2534 S.W. 6th Street Miami, FL 33135

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, F.S.

Richard A. Crisonino, Registered Agent

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

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

Title:

- Name and Address:

Managing member

Michael Finkle 720 N.E. 69th Street Suite 26S Miami, FL 33138 Managing member

Daniel Finkle 7330 S.W. 115th Street Miami, FL 33156

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2004 AUG 25 P 12: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of Michael Finkle, Managing Member

Signature of Daniel Finkle, Managing 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.)

Michael Finkle, signee

Daniel Finkle, signee