

L04000065011

(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:

Name  
Availability

Document

Examiner

Updater

Office Use Only

Printed

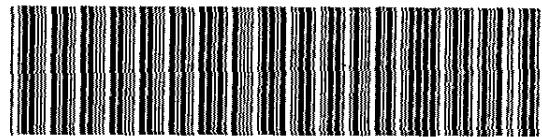
Verifier

Acknowledgement

DCC

W. P. Verifier

DCC



400040572184

08/27/04--01073--005 \*\*160.00

FILED  
2004 AUG 27 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 23, 2004


Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

To whom it may concern,

Enclosed please find a check in the amount of \$160.00 filing fees and the Articles of Organization for:  
71st Terrace LLC.  
Lisa J. Messina  
5932 NW 54th Circle  
Coral Springs, FL 33067  
(954) 227-1369

Please mail the Articles of Organization to the above address. Thank you.

Sincerely,



Lisa J. Messina

2004 AUG 27 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 71st Terrace 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:

c/o Lisa J Messina  
(Name of Person)

71st Terrace LLC  
(Firm/Company)

5932 NW 54th Circle  
(Address)

Coral Springs, Florida  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa J Messina at (954) 227-1369  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 AUG 27 P 1:58

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

71 ST Terrace LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

LISA J Messina

**Mailing Address:**

5932 NW 54<sup>th</sup> Circle Coral Springs FL 330

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

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

LISA J Messina

Name

5932 NW 54<sup>th</sup> Circle

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs

FLORIDA 33067

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 AUG 27 P 1:58

FILED

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..

Lisa J Messina

Registered Agent's Signature

**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

**Name and Address:**


Manager

LISA J Messina  
5932 NW 54th Circle  
Coconut Springs FL 33907

(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.)

LISA J Messina  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 27 P 1:58

FILED