

L04000066297

(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



500040739745

09/02/04--01037--007 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -2 PM 1:24

W 09/09/04

EFFECTIVE DATE
9/3/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MALABAR RIVERFRONT 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:

JUDY MILLER

(Name of Person)

REAL ESTATE FINANCE & INVESTMENTS

(Firm/Company)

P.O. Box 6885

(Address)

SAN RAFAEL, CA 94903

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDY MILLER

(Name of Person)

at

(415) 446-7350

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP - 2 PM 1:24

VIA
AIRBORNE / DHL
9-1-04

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MALABAR RIVERFRONT LLC

ARTICLE II - Address:

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

Principal Office Address:

454 LAS GALLINAS AVE #171
SAN RAFAEL, CA 94903

Mailing Address:

PO Box 6885
SAN RAFAEL, CA 94903

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

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

JUDITH S. MILLER - ATT AT LAW
Name

FLORIDA OFFICE
ADDRESS :

504 SOUTH SHANNON AVENUE
Florida street address (P.O. Box NOT acceptable)

MELBOURNE BEACH
FLORIDA 32951
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..

Judith S. Miller
Registered Agent's Signature

EFFECTIVE DATE
9/3/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -2 PM 1:24

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:

MGRM

JUDY MILLER

PO BOX 6885

SAN RAFAEL, CA 94903

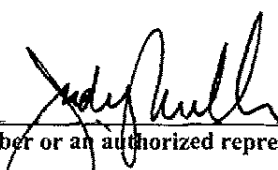
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -2 PM 1:24

(Use attachment if necessary)

ARTICLE V. THE EFFECTIVE DATE IS HEREBY REQUESTED AS SEPTEMBER 3, 2004.

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.)

JUDY MILLER

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)

**\$ 160 enclosed
FOR ALL OF
THESE ITEMS.**

Thank you.