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(Requestor's Name)		
(Address)		
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TRANSMITTAL LETTER

Division of Cor		••	
SUBJECT: 7770 NW	1st AVF II C		
SUBJECT:	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
Neil A. M	Morris		
	(1	Name of Person)	
7770 NW 1st AVE L	LC		
• • • • • • • • • • • • • • • • • • •	Ō	Firm/Company)	
644 NW 2nd	1 Ave		OL NOV 29 AM 8: 57 SECKLIANASSEE FLORIT
0141141 2110		(Address)	THE STATE OF THE S
			OV 29 AHASSI
Ft Lau	uderdale, Florida 33311		SSEE FL
	(City/	State and Zip Code)	EFFLORI
For further information of	concerning this matter, please	call:	RIDA RIDA
Neil A. Morris		at (_954) 328-5588	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	STREET ADDRESS: MAILING ADDRESS:		
	ration Section on of Corporations	Registration S Division of Co	
409 E.	Gaines Street	P.O. Box 632 Tallahassee, F	7
i ailah:	assee, Florida 32399	i ananassee, F	10Hua 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
7770 NW 1st AVE LLC		
ARTICLE II - Address:		·
The mailing address and street address of the	principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
644 NW 2nd Ave	644 NW 2nd Ave	
Ft. Lauderdale, Florida 33311	Ft. Lauderdale, Florida 33311	
ARTICLE III - Registered Agent, Registered	c c	Signature:
Bryan Pardee		
Nam	e	
644 NW 2nd Ave		
Florida street a	ddress (P.O. Box NOT acceptable)	
Ft. Lauderdale, Florida 3331		
City, State	, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept th ity. I further agree to comply with performance of my duties, and I an	ne appointment as not the provisions of all nofamiliar with and
Registered Agent	Ut's Signature	04 NOV 29 SECRLIAGE TALLAHASS
(CONTI	NUED)	29 A

Page 1 of 2

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

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

<u>Title:</u>		Name and Address:	
"MGR" = Manag			
"MGRM" = Man	aging Member		
MGR		Neil A. Morris	
	_	644 NW 2nd Ave	
		Ft. Lauderdale, Florida 33311	
MGRM		Bryan Pardee	
	_	644 NW 2nd Ave	
		Ft. Lauderdale, Florida 33311	
			
(Use attachment	if necessary)		
NOTE: An add	itional article must be	added if an effective date is requested.	
REQUIRED SI	GNATURE:		
	√ ·V	M	
	NeilMorrio		
	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.)		
	Neil M Typed	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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