# LU4000088009

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

## HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

984612	
 December 6, 2004	

H	ING & SEARCH	December 6, 2004
SERVICES		CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
	AVSNF	LLC ESS T
	Filing Eyidence  ☑ Plain/Confirmation Copy	Type of Document  Certificate of Status
	□ Certified Copy	☑ Certificate of Good Standing
		□ Articles Only
	Retrieval Request  Photocopy	☐ All Charter Documents to Include Articles & Amendments ☐ Fictitious Name Certificate
	□ Certified Copy	□ Other
Γ		
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
<u> </u>	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13.00 m	OFF OF THE	
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ARTICLE I - Name:	) all	
The name of the Limited Liability Company is:	F	
AVSNF LLC		
ARTICLE II - Address:		
	rincipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
490 S OLD WIRE RD		
WILDWOOD, FL 34785	WILDWOOD, FL 34785	
ARTICLE III - Registered Agent, Registered	d Office. & Registered Agent's Signature:	
The name and the Florida street address of the	registered agent are:	
ucc filing & Search Sef	RVICES, INC.	
Name		
526 E PARK AVENUE		
Plorida etrect address (P.	D. Box NOT acceptable)	
TALLAHASSEE	FLORIDA 32301	

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..

City, State, and Zip

UCC FILING \$ SEARCH SERVICES, INC.

Registered Agent's Signature

ASST SEC

Page 1 of 2 (CONTINUED)

### The name and address of each Manager or Managing Member is as follows: Name and Address: Titlei "MGR" = Manager "MGRM" = Managing Member MGRM **EFRAIM ROOZ** clo 490 S. Old Wildwood, FL (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.) RON OSTROFF, AUTHORIZED REPRESENTATIVE

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

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- 3 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Typed or printed name of signee