

L05000002165

Florida Department of State
Division of Corporations
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2005 JAN -6 P 12:

Electronic Filing Cover Sheet

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

17th street redevelopment, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AT 11

(3)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

17TH STREET REDEVELOPMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

411 North U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950

Mailing Address:

411 North U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950

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

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

KARL J. SCHUMER
Name

20801 BISCAYNE BLVD., Suite 307
Florida street address (P.O. Box ~~NOT~~ acceptable)

AVENTURA FL 33180
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, F.S..


Registered Agent's Signature

(CONTINUED)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CO MGR

CO MGR

- JOHN ZAIKIN
411 NORTH U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950
- MILES ZAIKIN
411 NORTH U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950

(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.)

KARL J. SCHUMER
Typed or printed name of signer

ATTORNEY
IN
FACT

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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