

U5000012324

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(Address)

(Address)

(City/State/Zip/Phone #)

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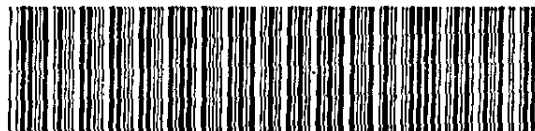
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2500 N. Military Trail # 260, Boca Raton, Florida 33431  
Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein, Levy &  
Helmer, PA**

January 27, 2005

Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: ARIEL, LLC**

We are enclosing a check in the amount of \$125 as filing fees for the Florida Limited Liability Company. The Transmittal Letters and Articles of Organization are filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

*Barbara P. Schwartz*

Barbara P. Schwartz

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARIEL, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

7453 Chablis Court  
Boca Raton FL 33433

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

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

Robert Jaffe  
Name

7453 Chablis Court  
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33433  
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..*

Robert A. Jaffe  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Robert Jaffe  
7453 Chabelis Court  
Boca Raton FL 33433

MGRM

Sheila Jaffe  
7453 Chabelis Court  
Boca Raton FL 33433

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Robert d. Jaffe  
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.)

Robert Jaffe  
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)**