

LOS 0000 1644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

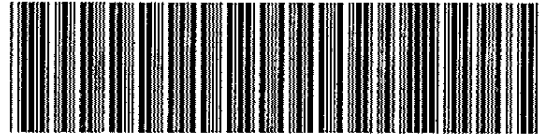
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2/17
chest



100046452621

02/15/05--01050--012 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 15 PM 12:17

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 625 N.E.14th Ave.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:

Peter J.Addison
(Name of Person)

(Firm/Company)

PO Box 4567
(Address)

Fort Lauderdale, FL 33338-4567
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter J.Addison at (954) 525-1237
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

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

2005 FEB 15 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

625 N.E. 14th Ave. 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:

828 NE 17th Way-Unit #3
Fort Lauderdale, FL 33304

PO Box 4567
Fort Lauderdale, FL 33338-4567

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

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

Peter J. Addison

Name

828 NE 17th Way-Unit #3

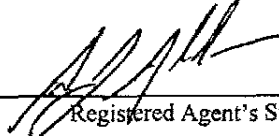
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

FL 33304

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

2005 FEB 15
SECRETARY
TALLAHASSEE
FILED

(CONTINUED)

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

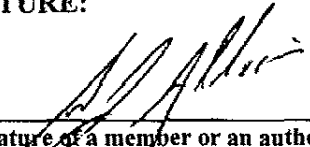
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Peter J. Addison 828 NE 17th Way-Unit #3 Fort Lauderdale, FL 33304
MGR	Philip Joseph Knapp 1101 SE 2nd St. Fort Lauderdale, FL 33301
MGR	Michael Council 836 SW 4th Ct. Fort Lauderdale, FL 33312

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


MGRM

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.)

Peter J. Addison

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 15 PM 12:17

FILED