L05000011341

Office Use Only



000046475250

02/17/05--01029--008 **130.00

OS FEB 17 PHI2: 17

P21-05

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Federma	n Holdings LLC (Name of Limite	ad Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Elliott Fe		N. C.	
	(Name of Person)	
Federman Holdings	LLC		
		Firm/Company)	
801 NE 63	Street		
		(Address)	
Ocala	a, FL 34479		
		/State and Zip Code)	= Z S S
			SECRED 17 PM 12: 17 TALLAHASSEE, LIEPhone Number ORIDA
For further information concerning this matter, please call:			五
			No.
Elliott Federman		at (352 732-9391	= -
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		PER S
	-	— 04.55.00 — 1	
☐ \$125.00 Filing Fee	⊘ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
СТОБ	ET ADDBECC.	BRAET TRICS AT	DDECC.
STREET ADDRESS: Registration Section		MAILING AI Registration Se	
Division of Corporations		Division of Co	rporations
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Fl	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of t	Name: he Limited Liability Comp	any is:	
Federman Hold	ings LLC		
ARTICLE II	- Address:		
The mailing a	idress and street address of	f the principal office of the Limited Lia	bility Company is:
Principal Office Address:		Mailing Address:	
		801 NE 63 Street	
		Ocala, FL 34479	
	the Florida street address of	Istered Office, & Registered Agent's of the registered agent are:	
Elliott Federman			
Name			FILE FEB 17 COLLABASS
	801 NE 63 Street		
	Florida street address (P.O. Box NOT acce		
	Ocala, FL 34479	FL	PHIZ: 17
	City,	State, and Zip	
Having been	named as revistered avent a	and to accept service of process for the a	shove stated limited

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manaş "MGRM" = Mar		Name and Address:		
MGRM		Elliott Federman		
WGRM		801 NE 63 Street		
		Ocala, FL 34479		
MGRM		Michele Federman		
	-,	801 NE 63 Street		
		Ocala, FL 34479		
			 -	
			<u></u>	
			_	•
	(:
(Use attachment		added if an effective date is requested.		
REQUIRED SI	GNATURE:			
	Elliet Ful	7 ALL	05 FEB	
	Signature of a member or	an authorized representative of a member.	田	
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury in are true.)	17 PH12:	FILED
	Elliott Federman	71,	र्ड	
	Typed	or printed name of signee		
Filing Fees	<u>.</u>	>		

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)