

105000018791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

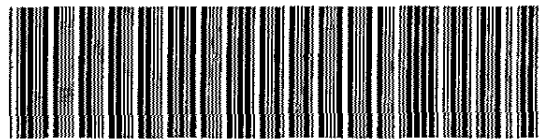
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600046455566

FILED

2005 FEB 21 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/21/05--01052--025 \*\*130.00

105-18791  
K

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blumberg and Sons, 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:

Ilona Blumberg  
(Name of Person)

Blumberg and Sons, LLC  
(Firm/Company)

5671 NW 109th Way  
(Address)

Coral Springs, FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard Blumberg at ( 954 ) 914-9966  
(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 21 PM 1:47  
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:

Blumberg and Sons, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

5671 NW 109th Way  
Coral Springs  
FL, 33076

#### Mailing Address:

5671 NW 109th Way  
Coral Springs  
FL, 33076

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

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

Ilona Blumberg  
Name  
5671 NW 109th Way  
Florida street address (P.O. Box **NOT** acceptable)  
Coral Springs 1 FL 33076  
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)

2005 FEB 21 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

Ilena Blumberg

5671 NW 109th Way

Coral Springs, FL, 33076

MGRM

Elan Blumberg

5671 NW 109th Way

Coral Springs, FL, 33076

MGRM

Leonard Blumberg

5671 NW 109th Way

Coral Springs FL 33076

MGRM

Dorron Blumberg

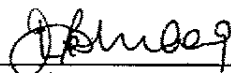
5671 NW 109th Way

Coral Springs FL 33076

(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.)

ILENA BLUMBERG

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)**