

L05060019987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

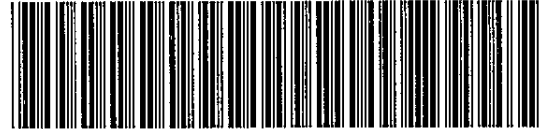
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CLERK OF SUPERIOR COURT  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 228304 4730061

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 125.00

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05 FEB 28 AM 7:28  
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TALLAHASSEE, FLORIDA

ORDER DATE : February 28, 2005

ORDER TIME : 12:57 PM

ORDER NO. : 228304-005

CUSTOMER NO: 4730061

CUSTOMER: Thomas Lagrotta, Esq  
Thomas Lagrotta Esq

16 Foxwood Lane

Thornwood, NY 10594

DOMESTIC FILING

NAME: LEXI 2002, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lexi 2002, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**Lexi 2002, LLC/PO Stuart Chassen4779 Collins Ave Suite #3402Miami Beach FL 33140**Mailing Address:**Lexi 2002, LLC/PO Stuart Chassen4779 Collins Ave Suite 3402Miami Beach FL 33140**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Stuart Chassen

Name

4779 Collins Ave Suite 3402Florida street address (P.O. Box **NOT** acceptable)Miami Beach FL 33140

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, Florida Statutes..*

By:     

Registered Agent's Signature

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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:**MGRMStuart Chassen4779 Collins Ave Suite 3402  
Miami Beach FL 33140

(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.)

By: Stuart Chassen\_\_\_\_\_  
Typed or printed name of signee**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)