

Mar. 24. 2005 4:13 PM

No. 9692 Pap. 1/1

L05000029733

FILED

Florida Department of State  
Division of Corporations  
Public Access System

2005 MAR 24 A 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax-audit number (shown below) on the top and bottom of all pages of the document.**

((H05000073297 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

RECEIVED

05 MAR 24 AM 8:04

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**COLLINS AVE. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

(H050000 732973)

FILED

2005 MAR 24 A 10:15

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLLINS 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:

1939D COLLINS AVE- UNIT 422  
SUNNY ISLES BEACH, FLORIDA  
33160

Samp.

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

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

MICHAEL MAURO

Name

1939D COLLINS AVE UNIT 422

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

SUNNY ISLES BEACH FL 33160

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.*

Michael Mauro

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

(H050000 732973)

Mar. 24. 2005 4:13PM

No. 9692 P. 3/3

(H050000732973)

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

**FILED**

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

2005 MAR 24 A 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 MGR

MICHAEL MAURO  
19390 COLLINS AVE - UNIT 922  
SUNNY ISLES BEACH FLORIDA 33460

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Mauro  
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.)

MICHAEL MAURO  
Typed or printed name of signer

(H050000732973)