

60500057051

2005 JUN -2 P 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

AL

Office Use Only



800055537088

06/02/05--01009--006 **131111

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: ZOFIT TAMIR LLC
(Name of Limited Liability Company)

2005 JUN -2 P 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZOFIT TAMIR
(Name of Person)

ZOFIT TAMIR LLC
(Firm/Company)

233 S FEDERAL HWY APT. 301
(Address)

BOCA RATON FLORIDA 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

ZOFIT TAMIR at (561) 392-7472
(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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN -2 P 12: 06

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ZOFIT TAMIR 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:

ZOFIT TAMIR LLC

233 S FEDERAL HWY APT. 301

BOCA RATON FL 33432

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

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

ZOFIT TAMIR

Name

233 S FEDERAL HWY APT. 301


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

BOCA RATON FL 33432

FL

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)

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 JUN -2 P 12: 06

MGR

ZOFIT TAMIR

233 S FEDERAL HWY APT 301
BOCA RATON FL 33432
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

YARON TAMIR
233 S FEDERAL HWY APT 301
BOCA RATON FL 33432

(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.)

ZOFIT TAMIR

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)