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ALLANASSEE FLORIDA VOGOS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 2637 L (Name of Limited	. L. C. ed Liability Company)	
The enclosed Articles of Organization and fee(s) are st	submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
	Sher Berg (Name of Person)	
	(Firm/Company)	-
640 5	ea Turtle WAY (Address)	
PCan	tation, FC. 3332 /State and Zip Code)	24
For further information concerning this matter, please of the state of	call: 984-474-7273 (H) 5at (954) 551-9267 (C) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	SECIA FALLA	
□ \$125.00 Filing Fee	Certified Copy (additional copy is enclosed) MAHLING ADDRESS: \$160.00 Filing Fee Certificate of Status & (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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
"2637" L.	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: (SAME)
PCantation,	He way
P Cautation,	F-L.
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
## Hollis	Sherberg
	Lincoln St. Iress (P.O. Box NOT acceptable)
Florida street add	ress (P.O. Box NOT acceptable)
TTO / My OOD City, State, a	FL 33020 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as, which is a limited with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
- Cloclei	Mulu 3:5
Registered Agent's	Stonature /) DTI +

(CONTINUED)

<u>Title:</u> "MGR" = Manage	
"MGRM" = Mana	iging Member
M6R	Hollis Shernerg
	Hollis Sheroung 1040 Dea Turtle Way Plantation, FL. 33324
	
(Use attachment i	f necessary)
•	tional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
	Hollis Shulver . For 8
	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.)
	Hollis Sherberg
	Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees: