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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1120 Cedar Falls Drive, LLC	I Liability Company)
(· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Joseph E. Altschul	Name of Person)
Joseph E. Altschul, LLC	
D.	7irm/Company)
P.O. Box 266303	(Address)
	(Audices)
Weston, FL 33326	
<u> </u>	State and Zip Code)
For further information concerning this matter, please of	call:
Joseph E. Altschul	at (954) 770-8111
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ② \$130.00 Filing Fee &	S155.00 Filing Fee & S160, DO Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional gapy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Division of Corporations
409 E. Gaines Street Tallahassee. Florida 32399	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	:
1120 Cedar Falls Drive, LLC	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13206 Fiji Way, Unit A	13206 Fiji Way, Unit A
Marina Del Rey, CA 90292	Marina Del Rey, CA 90292
The name and the Florida street address of the Joseph E. Altschul, LLC Name	
1792 Bell Tower Lane	
	dress (P.O. Box NOT acceptable)
Weston, FL 33326	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM — Wallaging Wellber	Igor Gorodnitsky 13206 Fiji Way, Unit A Marina Del Rey, CA 90292
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member of	ran authorized representative of a member.
of this document constitute that the facts stated here Joseph E. Altschul	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of periody in are true.)
Filing Fees: \$125.00 Filing Fee for Articles of Organize of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation