

LOS000062809

(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:

Form

2. Authority

Document

Descriptor

DCC

Office Use Only

Updater

DCC

Updater

Verifier

DCC

Acknowledgement

DCC

W. F. Verifier

DCC



100056250811

06/20/05--01051--003 \*\*160.00

FILED

2005 JUN 20 A 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 409 NW 10 Terrace, LLC.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Scott Geller  
(Name of Person)

Computer Network Solutions, Inc.  
(Firm/Company)

4350 West Hallandale Beach Blvd, Suite 202  
(Address)

Hollywood FL 33023  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Geller at ( 954 ) 986-6750  
(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

2011 JUN 20 A 10:31  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

409 NW 10th Terrace, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4350 West Hallandale Beach Blvd  
Suite 202  
Hollywood, FL 33023

#### Mailing Address:

4350 West Hallandale Beach Blvd  
Suite 202  
Hollywood, FL 33023

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

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

Scott Geller

Name

4350 West Hallandale Beach Blvd, Suite 202

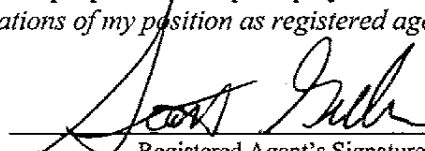
Florida street address (P.O. Box **NOT** acceptable)

Hollywood, FL 33023

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 603, F.S.*

  
Registered Agent's Signature

**FILED**  
JUN 20 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

**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:**

MGR

Scott Geller

4350 West Hallandale Beach Blvd Suite 202

Hollywood, FL 33023

MGR

Elizabeth Geller

4350 West Hallandale Beach Blvd Suite 202

Hollywood, FL 33023

\_\_\_\_\_

\_\_\_\_\_

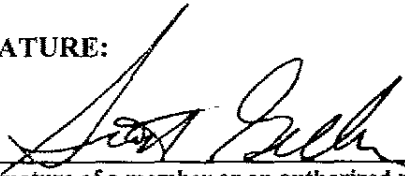
\_\_\_\_\_

\_\_\_\_\_

(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.)

Scott Geller

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)

**FILED**  
2005 JUN 20 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA