(Requestor's Name) (Address)	
(Address)	7000562
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name)	M. HODGES
(Document Number)	
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TRANSMITTAL LETTER

,	STREET ADDRESS. MAILING ADDRESS.		DDDECC.
\$125,00 Filing	Fee \$\infty\$ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Enclosed is a che	eck for the following amount:		
((Name of Person)	(Area Code & Daytime T	elephone Number)
Neil Kaufman		at (561) 842-3500	
For further inform	ation concerning this matter, pleas	e call:	
-	(Cit	y/State and Zip Code)	
	West Palm Beach, FL 33407		
		(Address)	
1225 4	5th Street #307		
		(Firm/Company)	
1239 45th Stre	et Property, LLC		
		(
<u>Nei</u>	l Kaufman	(Name of Person)	
r jease teami an e	onespondence concerning uns mai	tter to the following.	
	orrespondence concerning this mat	_	
The enclosed Arti-	cles of Organization and fee(s) are	submitted for filing.	
		ted Liability Company)	-
SUBJECT: 123	9 45th street Property, LLC		
	of Corporations		
TO: Registrat	ion Section		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

The name of the Limited Liability Compa	any is:
1239 45th Street Property, 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:
1239 45th St. WPB, FI 33407	1225 45th St. #307 WPB, FI 33407
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature: of the registered agent are:
Neil Kaufman	
	Name
1225 45th St. #307	
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
West Palm Beach, FL 3	State, and Zip
7*	, w

Registered Agent s Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
MGR	Mohammad Tina
	1225 45th St #305
	West Palm Beach, FL 33407
MGR	Jacqueline Kaufman
	1225 45th St #307
	West Palm Beach, FI 33407
MGRM	Neil Kaufman
	1225 45th St. #307
	West Palm Beach, FL 33407
(Use attachment if necessary)	
NOTE: An additional artic	le must be added if an effective date is requested.
REQUIRED SIGNATURE:	
	//
/	
M	1/11
Signature of	a member of an authorized representative of a member.
of this docum	e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.)
Neil Kaufma	an
	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)