

LOS000080691

Aug. 16, 2005 11:50 AM

No. 8401 P. 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000196073 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

LIMITED LIABILITY COMPANY

564 WILLIAMS AVE REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

RECEIVED

05 AUG 16 AM 11:59

DIVISION OF CORPORATION

2005 AUG 16 A 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Name Availability	
Document Examiner	Electronic Filing Menu
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Corporate Filing

Public Access Help

8/16/2005

(H05000196073 3)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

564 WILLIAMS AVE REALTY LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

155-44 SOUTHWEST 89 AVENUE  
MIAMI, FL 33157

#### Mailing Address:

1705 CHURCH AVE., #204  
BROOKLYN, NY 11226

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

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

PAULINE JOHNSON

Name

155-44 SOUTHWEST 89 AVENUE

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

MIAMI

FL

33157

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

FILED  
2005 AUG 16  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

(H05000196073 3)

(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:**

MGRM

MICHAEL JOHNSON

441 RHODES LANE

WEST HEMPSTEAD, NY 11552

MGRM

ALTHEA JOHNSON


219-10 137th ROAD

SPRINGFIELD GARDENS, NY 11413

(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.)

MICHAEL JOHNSON

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2005 AUG 16 A 9:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE