

Division of Corporations **Public Access System**

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

806 S. DIXIE HWY., LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	in.
The name of the Limited Liability Compan	ly is:
806 S. Dixie Hwy., LLC	
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
806 South Dixie Highway	806 South Dixie Hwy.
Hallendale Beach, FL 33009	Hallendale Besch, FL 33009
	VIII. A. C.
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's Signature:
The name and the Florida street address of	the registered agent are:
Michael Lapin	
, , , , , , , , , , , , , , , , , , ,	lame
806 South Dixie Highway	
Florida stree	et address (P.O. Box NOT acceptable)
Hallendale Beach, FL 330	009 FL
Ciny C	iste and 7 in

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

(CONTINUED)

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HUSCUS OF Managing Member(s):

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

Michael Lepin

806 South Dixie Hwy.

Hallendale Beach, 33009

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Segretary of a member of an authorized spresentative of a member.

(In excerdance with section 608.408(3), Fluida Statutes, the execution of this document consultants on affirmation under the penalties of perjuy that the facts stated herein are true.)

MICHAEL L. LAPIN
Typed of printed name of signas

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)

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