

605000090497

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.

((H05000219545 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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

4035 n. meridian ave, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

M. Thomas SEP 15 2005

05 SEP 14 AM 8:50

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP 14 PM 4:54

DIVISION OF CORPORATION

H05000219545

ARTICLES OF ORGANIZATION**FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name of Limited Liability Company: **4035 N. MERIDIAN AVE, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **4478 POST AVE**City, State & Zip: **MIAMI BEACH, FL 33140**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

CHANA S. FELDMAN

Name

4478 POST AVE

Address (P.O. Box NOT Acceptable)

MIAMI BEACH, FL 33140

City, State, Zip

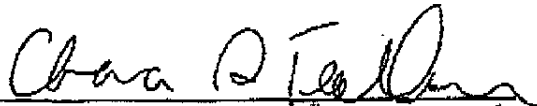
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Date 09/14/2005

☒ Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. **CHANA S. FELDMAN, 4478 POST AVE, MIAMI BEACH, FL 33140**2. **ICRIEL DUCHMAN, 4478 POST AVE, MIAMI BEACH, FL 33140**


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.

CHANA S. FELDMAN

Typed or printed name of signee

1 INSM719545

FILED
05 SEP 14 2005
STATE OF FLORIDA
TALLAHASSEE
8:50