L05000095947

(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:				

Office Use Only



300059768133

#9/23/05--01011--009 **125.00

05 SEP 23 PH 2: 09

COVER LETTER

TO: Registration Se Division of Co.			
SUBJECT: <u>UQ-</u>	Cousin Fara	n R.E. Acquis d Liability Company)	sitions I cu
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
-	ondence concerning this matte	•	
	Emile Farah	<u> </u>	
	(Name of Person)	
	Lending an		
991.1	J. Miami Bea	ch Blbd	
		(Address)	
N. Mica	ni Beach F	L 331102	
	(City/	(State and Zip Code)	
For further information of	concerning this matter, please	call:	
Emile Fara (Name	of Person)	at (305) 835 (Area Code & Daytime Te	-9990 Elephone Number)
Enclosed is a check for	r 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	s:
Or-Cousin Farah L.E. (Must end with the words "Limited Liability Company, "Lim	Acquisitions II LLC ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
991 NMiami Beach Blud NMB FL 33162	Qal. N. Miami Beach Blud. N.MB FL 33162
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regionsiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another registered agent are:
_ Emile Faral	<u> </u>
Nam On 1211 cm 72 m	ne CCH Blvd ddress (P.O. Box NOT acceptable)
Florida street a	ddress (P.O. Box NOT acceptable)
N Hiami Beach City, State	FL 33162 , and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S.
Registered Agent's Sign	ature (REQUIRED)
	P. (

(CONTINUED)
Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Emile Farah 991 N. Miami Beach Blud N. Miami Beach FL 33162
MGRM	Zena M. Bardavell 991 North Main Beard BU PMain Beard, FT, 33/62
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
-	

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

- \$ 5.00 Certificate of Status (Optional)