## L05000101444

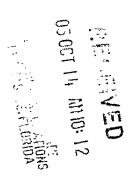
(Danuaria Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
LIGITOR T WALL THE
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Octanical Copies
Special Instructions to Filing Officer:
r / //
/ / //
/ / //
/ //
L/



200060526562

JU/14/05--01007--007 \*\*155.00

OS OCT 14 PM 12: 40
SECRETARY OF STATE
SECRETARY OF STATE



	RPORATE When you ACCESS,	ou need ACCESS to	the world"	
	YAZO	th Avenue . Tallahassee, Flo (850) 222-2666 or (8	orida 32303 800) 969-1666 . Fax (83	50) 222-1666
	v	VALK IN	1/1 h	
	PICK UP:	10/14/85	- the s	
	CERTIFIED COPY			
	PHOTOCOPY	, me	355	3 2 0
	CUS		\(\frac{\partial}{\partial}\)	15. FO
	FILING	24	<u> </u>	The second second
1.	Newco 1, LL (CORPORATE NAME AND DOCUMENT #)	<u>C</u>		- 10 to 10 t
2.		<u> </u>		20
	(CORPORATE NAME AND DOCUMENT #)			
3.	(CORPORATE NAME AND DOCUMENT #)	<u> </u>		
4.	(CORPORATE NAME AND DOCUMENT #)	<u>and and the state of the state</u>		. eres company
5.				
	(CORPORATE NAME AND DOCUMENT #)			
6.		<u> </u>		
	(CORPORATE NAME AND DOCUMENT #)			
ZERSTE ZER A I	LINSTRUCTIONS			

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	HASSS I P
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.")
ARTICLE II - Address:	707
The mailing address and street address of the prin	ncipal office of the Limited Liability Commany is.
Principal Office Address:	Mailing Address:
De way Beach FL i3445	E (SAME)
	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
Name	FIRE STORY, ESS
16209 BRio	Tess (P.O. Box NOT acceptable)
De Clas Beach City, State, ar	/ <sub>FL</sub> 33 4 45
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOKIM — Managing Menore	
MGR	57 t phen Finestone 16209 BRINGWOOD CIRCLY
• · · · · · · · · · · · · · · · · · · ·	16209 BRIdlewood Circly
	Dalray Beach FL33445
MER	BRION ENT
	Beca enton FC 3748
	BECA RATON FC33484
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
•	
ICIE V. Effective data if other than the dat	te of filing: (OPTIONAL)
(Use attachment if necessary)  ICLE V: Effective date, if other than the date	te of filing (OPTIONAL)

**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.)

Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)