

L05000105880

(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



700059104127

09/12/05--01010--025 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 PM 2:01

N. Culligan SEP 22 2005



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 22, 2005

LEYKIND ELARYA
1880 SOUTH OCEAN DRIVE #705
HALLANDALE BEACH, FL 33009

SUBJECT: TREO ENTERPRISES
Ref. Number: W05000044061

We have received your document for TREO ENTERPRISES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

List the name of the Registered Agent in Article III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 505A00058060

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Treo Enterprises LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leykind Elarya
(Name of Person)

Treo Enterprises
(Firm/Company)

1880 South Ocean Dr. #705
(Address)

Hallandale Beach FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Leykind, Elarya at (718) 536-0626
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Treo Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

1880 South ocean Dr.
#705
Hallandale beach FL 33009

Mailing Address:

P.O. Box 40173
Staten Island
N.Y. 10304

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

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

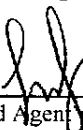
Leykind Elarya
Name

1880 South ocean Dr #705
Florida street address (P.O. Box **NOT** acceptable)

Hallandale beach FL 33009
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 PM 2:01

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)

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:

MGR

Steve Leykind
P.O. Box 40173
S.I. N.Y. 10304

MGRM

Leykind, Elarya
2175 E. 15 St. #3C
BROOKLYN N.Y. 11229

MGRM

Batkilin, Leon
2175 E. 15 St. #3C
BROOKLYN N.Y. 11229

(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.)

Leykind, Elarya

Typed or printed name of signee

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 31 PM 2:01