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SECRETAR OF STATE

COVER LETTER

TO:	Registration Se Division of Co			
	non IWI AS	SOCIATES LIC		
SUBJI	ECT: LWL AS	SOCIATES, LLC (Name of Limited	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		LEO	NARD W. LEVY	
		(1	Name of Person)	
		(Firm/Company)	,
		P0	O BOX 741701	
			(Address)	
		BOYNTON B	BEACH, FLORIDA 33474	
		(City	State and Zip Code)	,
For fu	rther information	concerning this matter, please	call:	
LEON	IARD W. LEVY		at (561) 742-0085	
	(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check fo	or the following amount:		
□\$12:	5.00 Filing Fee	S130.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	LE I - Name: ne of the Limited Liability Company is:	
· LV	VL ASSOCIATES, LLC	
(Must end with the words "Limited Liability Cor	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
	i.	
ARTICLE II - Address:		
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	

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

PO BOX 741701

BOYNTON BEACH, FL 33474

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

7246 WAILEA AVENUE

BOYNTON BEACH, FL 33437

	LEONARD W. LEVY
	Name
	7246 WAILEA AVENUE
-	Florida street address (P.O. Box NOT acceptable)
	BOYNTON BEACH, FL 33437
	City, State, and 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 (REQUIRED)

(CONTINUED Page 1 of 2

FL052 - 9/09/05 C T System Online

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 Mer	nber
MGRM	LEONARD W. LEVY
-	7246 WAILEA AVENUE
	BOYNTON BEACH, FL 33437
MGRM	ROBERT A. MINTZ
	7246 WAILEA AVENUE
	BOYNTON BEACH, FL 33437
MGRM	JUAN A. DIAZ
	253 TREEHOUSE LANE WEST
	ROUND LAKE, IL 60073
(Use attachment if necessar	y)
	er than the date of filing: (OPTIONAL)
ffective date is listed, the da days after the date of filing	te must be specific and cannot be more than five business days pr
days after the date of ming	ş- <i>)</i>
DECAMPED CLOSE MAIN	-
	也:
REQUIRED SIGNATURE	
<u>REQUIRED</u> SIGNATURE	
REQUIRED SIGNATURE	ward Ole Lee,
	Edrar De Lee
Signature	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution

LEONARD W. LEVY

that the facts stated herein are true.)

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)

Page 2 of 2