# 06000005871

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJI	ECT: New Y	ork New York Inve	estments, L	.LC	
		(Name of Limited	d Liability Compa	ny)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	l.	
		ondence concerning this matte	_		
	_	·	J		
	Thomas i	F. Panebianco	Name of Person)		
		`	,		
		(	Firm/Company)	<del>,</del>	
	P.O. Box	2516			
	F.O. DOX	3340	(Address)		
	Tallahaa	ooo Fl 2024F	,,		
	ralianas	see, FL 32315	State and Zip Code	3	
		(City)	oute and zip code	,	
For fur	ther information	concerning this matter, please	call:		
Tho	mas F. Pa	nebianco	at ( 850	575-12	93
-1101		of Person)			elephone Number)
Enclos	sed is a check fo	or the following amount:			
<b>√</b> \$125	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	<i>'</i>	\$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	Registration Division of Clifton Boundary 2661 Exe	eurier Addression Section of Corporation uilding cutive Center ee. FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

New York New York Investments, L			
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," o	or "L.C.,")	
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limited Liab	ility Compa	ny is:
Principal Office Address:	Mailing Address:		
4740 Blountstown Hwy	P.O. Box 12725		
Tallahassee, FL 32304	Tallahassee, FL 32317		
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's S	Signature:	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	m Registered Agent. You must designate an individu	Signature:	
(The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	m Registered Agent. You must designate an individu	Signature: nal or another	*:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	m Registered Agent. You must designate an individu	ual or another	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	on Registered Agent. You must designate an individu	ual or another	
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of Mark A. Thomas  4740 Blountstown	on Registered Agent. You must designate an individu	ual or another	
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of Mark A. Thomas  4740 Blountstown	on Registered Agent. You must designate an individu	ual or another	

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 and agree to act in this capacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Tony W. Dorsey
	2804 Remington Green
	Tallahassee, FL 32308
MGRM	Venita C. Dorsey
<del></del>	2804 Remington Green
	Tallahassee, FL 32308
MGRM	Mark A. Thomas
***************************************	4740 Blountstown Hwy
	Tallahassee, FL 32304
MGRM	Lori A. Dezell
MOEMA	5170 Grandview Court
	Tallahassee, FL 32303
(Use attachment if necessary)	
ARTICLE V: Effective date if other than t	the date of filing: (OPTIONAL)
	t be specific and cannot be more than five business days pri
to or 90 days after the date of filing.)	
<b>REQUIRED</b> SIGNATURE:	_
	112

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.)

Mark A. Thomas

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)