

LA0000015472

Florida Department of State  
Division of Corporations  
Public Access System

(3)

Electronic Filing Cover Sheet

2/10

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000037729 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**corinne's complete closings llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
06 FEB 10 PM 3:58  
DIVISION OF CORPORATION

FILED  
06 FEB 10 AM 8:53  
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

M. HODGES

3

406000037729

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Corinne's Complete Closings LLC

**ARTICLE II - Address:**

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

Principal Office Address:

8 Glamis Way  
Boynton Beach, Florida 33140

Mailing Address:

8 Glamis Way  
Boynton Beach, Florida 33140

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

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

David T. Seif, Esq.  
915 Middle River Drive, Suite 205  
Fort Lauderdale, FL 33304

FILED  
06 FEB 10 AM 8:53  
STATE  
TALLAHASSEE FLORIDA

*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, Florida Statutes.*

David T. Seif  
Registered Agent's Signature

406000037729

H06000037729

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

The name and address of each Manager or managing Member as follows:

Title:

"MGR" = Manager

Name & Address

MGR

Corinne Braverman  
8 Glamis Way  
Boynton Beach, Florida 33140

**REQUIRED SIGNATURE:**

Corinne Braverman  
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.)

Corinne Braverman  
Typed or printed name of signer

H06000037729