(060000029597

	1
(Requestor's Name)	
	j _i l
	41 11
(Address)	[.
(Address)	<u> </u>
(,	il.
	u ř1
(City/State/Zip/Phone #)	(1)
	; i -
PICK-UP WAIT	MAIL
	:
	i.
(Business Entity Name)	71
	, i
	3
(Document Number)	[] []
) ;) ;
Certified Copies Certificates of Status	š
	R I
	6) 6)
Special Instructions to Filing Officer:	,
Opecial institutions to 1 mily Cities.	

	- 1, 1
	- :
	<u> </u>
	i i





300067710643

03/16/06--01062--013 **155.00



WW 245917

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Shops of Down	town Davie, LLC
(Name	of Limited Liability Company)
The enclosed Articles of Organization and fe	
Denisa Cornelio	(Name of Person)
	(Name of Person)
	(Firm/Company)
P.O. Box 02-9010	
	(Address)
Fort Lauderdale, Flo	Orida 33302-9010 (City/State and Zip Code)
	(City/State and Zip Code)
For further information concerning this matt	
Denisa Cornelio	at (954) 763-5095
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filin Certificate of Sta	gFee & 🗸 \$155.00 Filing Fee & S160.00 Filing Fee, atus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:
bmpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ress of the principal office of the Limited Liability Company is:
Mailing Address:
P.O. Box 02-9010
Fort Lauderdale, Florida 33302-9010 2,
三首 第
Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another ition.) Iress of the registered agent are:
<u> </u>
Name deral Highway, 8th Floor
orida street address (P.O. Box <u>NOT</u> acceptable)
FL 33301 City, State, and Zip
gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 MGRM Harvey Mattel 633 South Federal Highway, 8th Floor Fort Lauderdale, Florida 33301 MGRM Mark L. Schmidt 8320 West Sunrise Boulevard, Ste. 204 Plantation, Florida 33322 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) Harvey Mattel

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