106000042828

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		4/29
	Office Use Only	, Ills



100070745281

04/21/06--01013--005 **160.00

SECRETHAY OF STATE

SECONOMINADA DE STATE

COVER LETTER

TO:	Registration Sec Division of Cor		-			
SUBJE	CT:	Circle Art @ (Name of Limit	Home LLC ed Liability Comp	oany)		
The end	closed Articles of	Organization and fee(s) are	submitted for filir	ıg.		
Please r	return all correspo	ondence concerning this matt	ter to the followin	g:		
		Benjamin M. E	(Name of Person)	 		_
-		Circle Art @	Home LLC (Firm/Company)	<u> </u>		
		1020 Lincoln				
-		TOLO HILOCIA	(Address)			_
-		Miami Beach,	Florida 3			_
For fur	ther information (concerning this matter, please		10)	·	
В	enjamin M.	Brody	305 -at(531-18	59 elephone Number) Sc	
	(Name	of Person)	(Area Co	de & Daytime T	elephone Number)	06 AF
Enclos	ed is a check fo	r the following amount:	-		HASS	% Y 2
□ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	py	X \$160.00 Filing: Fee Certificate of Status & Certified Copy (additional copy is enclosed)	06 APR 21 AH 10: 41
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Es	Courier Addression Section in of Corporation Building secutive Center see, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	: ted Liability Company i	is:					
Circle	Art @ Home LLC	僧		i iş m	· •		
(Must end with the words "L	imited Liability Company, "Lim	mited Con	pany" or their	abbreviatio	n "LLC," or	"L.C.,")	
ARTICLE II - Address a	ess: and street address of the	princip	al office of	f the Limi	ted Liab	ility Compar	ny is:
Principal Office Add	lress:	<u>M</u> a	iling Add	ress:			
1020 Lincoln Miami Beach,	Road Florida 33139	# <u></u>	Same as	Princ:	ipal Oi	ffice	£ .
(The Limited Liability Comp business entity with an activ	stered Agent, Registerd hany cannot serve as its own Reg we Florida registration.)	egistered A	gent. You mu	st designate	gent's S an individua	ignature: al or another	
The name and the Pio	Benjamin M. Bro		ered agent	AIC.			
	Nam		<u>-</u>			1 68	
	1020 Lincoln Ro	oad.	•				
	Florida street a	address (P.O. Box NC	T acceptal	ole)		a
	Miami Beach	F T.	33139	-			0
	City, State	te, and Zi	p			ALC	06 APR
liability company registered agent and statutes relating to t	as registered agent and to at the place designated in agree to act in this capact the proper and complete pions of my position as reg	in this co city. If perforn	ertificate, I urther agre nance of my	hereby ac e to comp duties, a	cept the d ly with th nd I am f	appointment se provisions amilia l vi th	mited <u> </u>
-	Registered Agent's engr	nature (F	EQUIRED)				•

(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:

"MGR" = Manager	
"MGRM" = Managing M	Jember
MGRM	Benjamin M. Brody
	Miami Beach, FL 33139
MGRM	Jesse S. Brody 1020 Lincoln Road Miami Beach, FL 33139
(Use attachment if necess	sary)
·	
CLE V: Effective date, if o effective date is listed, the	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior
CLE V: Effective date, if o effective date is listed, the	date must be specific and cannot be more than five business days prior ing.) OF APRE 2
CLE V: Effective date, if o effective date is listed, the cool days after the date of filisted at the cool of this decoration of this decoration.	date must be specific and cannot be more than five business days prior ing.)

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)