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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:	<u>12</u> 7 JL	JLES LLC				
		(Name of Limited	d Liabili	ty Compa	ny)	
The enclose	d Articles of	f Organization and fee(s) are so	ubmitted	l for filing	; -	
Please return	n all corresp	ondence concerning this matte	er to the	following	;	
AN	DREA	MARESCA			. <u> </u>	
		(1	Name of	Person)		
EX	ECUTI'	VE TEAM REALT				•
		(Firm/Co	npany)		
<u>19</u>	01 E A	TLANTIC BLVD.				
			(Addn	ess)		
PC	MPAN	O BEACH FL 3				
		(City)	/State and	d Zip Code)	
For further i	nformation (concerning this matter, please	call:			
ANDRE	A MAR	ESCA	at (_95	54 ₁	545-99	10
	(Name	of Person)	<u> </u>	(Area Code	& Daytime T	elephone Number)
Enclosed is	a check fo	r the following amount:				•
□ \$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	ied Copy	ling Fee & , s 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		Registration of Clifton Boat 2661 Execution Registration	urier Addre on Section of Corporation uilding cutive Center se, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ne Limited Liability Company					
127 JULES L						
(Must end with the	words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC,	" or "L.C.,")			
ARTICLE II The mailing ac		e principal office of the Limited Li	ability Company is:			
Principal Offi	ce Address:	Mailing Address:				
ADAM LEVINSON		1901 E ATLANTIC BLVD. POMPANO BEACH FL 33060				
(The Limited Liabil business entity with	- Registered Agent, Register ity Company cannot serve as its own Reth an active Florida registration.) the Florida street address of the ANDREA MARESCA	red Office, & Registered Agent's egistered Agent. You must designate an individue registered agent are:	idual or another			
	Nar	me	ASE T			
			ASSEE			
	Nar 1901 E ATLANTIC BL		IART OF STANSSEE, FL			
	Nar 1901 E ATLANTIC BL	_VD.	AMII: F.			
	Nar 1901 E ATLANTIC BL Florida street POMPANO BEACH	_VD. address (P.O. Box <u>NOT</u> acceptable)	SECRETARY OF STATE FALLAHASSEE, FLORIDA			

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

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" = Manage				
"MGRM" = Mana	aging Member			
MGRM	ADAM LEVINSON			
	1901 E ATLANTIC BLVD.			
	POMPANO BEACH FL 33060			
MGRM	THOMAS CULLIN			
IVIGITIVI	1901 E ATLANTIC BLVD.			
	POMPANO BEACH FL 33060			
•	POMPANO BEACHTE 33000			
MGRM	GREGORY MCCULLOUGH			
	1901 E ATLANTIC BLVD.			
	POMPANO BEACH FL 33060			
MODM	MATTHEWICOLO			
MGRM	MATTHEW KRAC 1901 E ATLANTIC BLVD.			
	POMPANO BEACH FL 33060			
	f necessary) ate, if other than the date of filing:			
to or 90 days after the dat				
<u>REQUIRED</u> SIG	NATURE:	TAE	06	
<	MMM /	- ES	3	
ı	Signature of a member of an authorized representative of a member.	苦言	1 1	$\overline{\Box}$
	(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.)	SSEE, I	06 OCT -4 AM 11: 43	FILED
	ADAM LEVINSON	101		
	ADAM LEVINSON Typed or printed name of signee	RIDA	ည်	

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)