L06000110592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W06-44026

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06 NOV 14 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2006

ANDREA MARESCA
1901 E ATLANTIC BLVD
POMPANO BEACH, FL 33606

SUBJECT: 8137 EMERALD LLC
Ref. Number: W06000044026

We have received your document for 8137 EMERALD LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE REMOVE THE NAMES IN THE PRINCIPAL OFFICE ADDRESS FIELD AND COMPLETE THAT FIELD WITH THE REQUIRED INFORMATION. ALSO MAKE THE NECESSARY CORRECTIONS FOR THE MAILING FIELD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 506A00059465

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8137 EMERALD LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Esther Ramlochan
(Name of Person)

EXECUTIVE TEAM REALTY
(Firm/Company)

1901 E ATLANTIC BLVD.
(Address)

POMPANO BEACH FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

Esther Ramlochan at (954) 545-9910
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is 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

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

8137 EMERALD LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
Same	1901 E ATLANTIC BLVD. Pompano Beach FL 33060
	1901 E ATLANTIC BLVD. POMPANO BEACH FL 33060
	1901 E ATLANTIC BLVD. POMPANO BEACH FL 33060

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Esther Ramlochan
Name

1901 E ATLANTIC BLVD.
Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH FL 33060
City, State, and Zip

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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, F.S..

Esther Ramlochan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	ADAM LEVINSON 1901 E ATLANTIC BLVD. POMPANO BEACH FL 33060
MGRM	THOMAS CULLIN 1901 E ATLANTIC BLVD. POMPANO BEACH FL 33060
MGRM	JOHN MAGLIO 4-74 48TH AVE APT 11L LIC NY 11109

(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.)

ADAM LEVINSON
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)