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(Re	equestor's Name)	 -
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Co						
SUBJI	ECT: 1457 M	leridian Avenue 204 A	Aloha LLC)			
		(Name of Limite	d Liability Co	ompany)			
The en	closed Articles of	f Organization and fee(s) are s	ubmitted for	filing.			
Please	return all corresp	ondence concerning this matte	er to the follo	wing:			
	Ken Nagid						
		(Name of Perso	n)			
	1457 Merid	lian Avenue 204 Alo	ha LLC.				
		((Firm/Compan	y)			
	35 NE 40t	h Street, 3rd Flr.					
			(Address)			TAS:	_
	Miami, FL				<u>.</u>	- <u>28</u>	ר. סבר
		(City	/State and Zip	Code)		AFR MESS	
For fu	rther information	concerning this matter, please	call:			OF STA	AIT II:
Mich	ael Phoung		at (305	, 677-500	03	を対	α
		of Person)		Code & Daytime	Telephone Number)		
Enclos	sed is a check fo	or the following amount:					
\$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	Shows \$160.00 F Certificate of Certified Co (additional copy	Status &	k
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Cente thassee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the wor	ds "Limited Liability Com	npany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - A		of the state of th	
The mailing addre	ess and street addres	ss of the principal office of the Limited Liability Comp	any is:
Principal Office	Address:	Mailing Address:	
35 NE 40th Street, 3r	d Flr.	35 NE 40th Street, 3rd Flr.	0
Miami, FL 33137		Miami, FL 33137	1- 330 90
			- 1 A
•	active Florida registration Florida street addre	ess of the registered agent are:	MHII: 18
	THE	Name	
	35 NE 40th Stree	et, 3rd Flr.	
	Flori	ida street address (P.O. Box NOT acceptable)	
•	Miami	FL 33137	
		City, State, and Zip	
liability comp registered agent of statutes relating	any at the place desi and agree to act in to g to the proper and g	ent and to accept service of process for the above stated ignated in this certificate, I hereby accept the appointmenhis capacity. I further agree to comply with the provision amplete performance of my duties, and I am familiar with the provision as fegistered agent as provided for in Chapter 608, F	nt as ns of all th and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV-	Manageri	(c) or	Managing	Member	(e)
ARTICLE IV-	Manager	(S) UI	MINISTINE	MIGHTORIA	3)

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WOKW — Wallaging Welhoel	
MGRM	Jeff Morr
	6203 Laguna Path North
	Miami, FL 33141
MGR	David Ngauh
	6203 Laguna Path North
	Miami, FL 33141
	OEC AH
	전 건 2.
(Use attachment if necessary)	SSE - FI
ADDICE E. W. Decarios data is admitted than the	ate of filing: November 29, 2006 (OPTIONAL)
ARTICLE V: Effective date, if other than the d	
	specific and cannot be more than five business flays prior
to or 90 days after the date of filing.)	DA 18

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.)

Jeff Morr

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)