## L07000017566

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(City/State/21p/Filotie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000087457880

02/14/07--01009--005 \*\*125.00

07 FEB 14 PH 12: 25
SECKLIANT STATE
SECKLIANT STATE

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	(Name of Limited	UOV-HUAGES , L d Liability/Company)	-LC
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
<u> </u>	Yaslyi	<u>Some bonzalez</u>	
		Name of Person)	
	Yaskyn	5 Mortgages	
	/ / (	Firm/Company) / /	•
	2000 B	AY drive We (Address)	est unitace
	Miami	Beach, Fl 33	31111
	(City)	State and Zip Code)	719)
	` •	• ,	
For further information	concerning this matter, please	call:	
Yoslyn go	malez	at (786 ) 278 . (Area Code & Daytime To	5010
) (wante	e orteisoii)	(Area Code & Daytime 1	elepnone Number)
Englosed is a check f	or the following amount:		
<b>2</b> \$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limited Liability Company is:								
(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:							
2000 Baydrive West #209	2000, Bay dr. west # 209 Migmi Beach, Pl 33141							
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 re  \[ \sum_{\text{QS/yn}} \frac{\text{EOV}}{\text{Name}} \]  \[ \frac{2000 \text{Bay OV}}{\text{Florida street addr}} \]  \[ \frac{\text{H1Qm} \text{Beach}}{\text{City, State, ar}} \]	FEB 14 PH 12: 25  CRETANY OF STATE LAHASSEE, FLORIDA  EL 33141							
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member	Janet Rwiz 3621 NW 45+ 410M1 9 33125		- -	
·			-	
			,	
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	te of filing: ( pecific and cannot be more than five bu	OPTIO isiness	NAL days	) <b>prio</b> i
REQUIRED SIGNATURE:		_		
Mark		SECRETANT OF	07 FEB	71
Signature of a member o	Signature of a member or an authorized representative of a member.			
of this document constitute	(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.)			.ED
Jas/1/n Typed	bonzaloz d or printed name of signee	ADA	PM 12: 25	
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