

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000041535 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

: EMPIRE CORPORATE KIT COMPÁNY Account Name

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

1120 EUCLID ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

LEB-19-5004

000 400 000



February 16, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: 1120 EUCLID ASSOCIATES, LLC

REF: W07000008129

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6020.

Tammi Cline Document Specialist FAX Aud. #: H07000041535 Letter Number: 707A00011622

P.O BOX 6327 - Tallahassee, Florida 32314

P.02\04

EMP I RE

EEB-10-5007 13:56

## H07000041535

# 3

#### ARTICLES OF ORGANIZATION FOR

#### 1120 EUCLID ASSOCIATES, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is: 1120 EUCLIC ASSOCIATES, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 265 Post Road West, Westport, Connecticut, 006880.

#### ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: SAMUEL SPENCER BLUM, ESQUIRE, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida, 33133.

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, Florida Statutes.

Registered Agent's Signature

H07000041535

Samuel Spencer Blum

ATTORNEY AT LAW

## 407000041535

Page 2 of 2

#### Article IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name and address of each Manager or Managing Members is as follows:

Title:

Managing Member

Name and Address:

James A. Randel

Post Office Box 2870
Westport, Connecticut, 06880

(An additional article must be added if an effective glate is requested.)

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.)

JAMES RANDEZ

Typed or printed name of signee

SSB/bps

H07000041535

Samuel Spencer Blum

ATTORNEY AT LAW