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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Orsini Properties, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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3/16/2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Orsini Properties, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:		Mailing Address:	
15 Aspen Drive	····	15 Aspen Drive	
Livingston, NJ 07039	,	Livingston, NJ 07039	<u>,</u>
			,
ARTICLE III - Registered Age The name and Florida street address of	nt, Registered Of the registered agent a		SECRET DIVISION O7 MAR
(C)	Ceasar Jimen	Name	97.0F OF
	4800 North Fo	ederal Highway	AM IO:
	(P.O. Box	or Mail Drop Box <u>NOT</u> Acceptable)	- 43
	Boca Raton, l		F 50 m
		(City / State / Zip)	

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.

Registered Agent's Signature - Ceasar Jimenez

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Josephine Orsini- 15 Aspen Drive, Livingston, NJ 07039
(Use attachment if necessary)	
REQUIRED SIGNATURE	ature of member or authorized representative of a member.
docume	cordance with section 608.408(3), Florida Statutes, the execution of this ent constitutes an affirmation under the penalties of perjury that the facts herein are true.)
	Josephine Orsini

Typed or printed name of signee