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(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
	·	
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	3449 Percival Av	enue LLC	
56B3E61.	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Harvey R. Ya		
	(Name of Person)	
	3449 Percival	l Avenue LLC	
	(Firm/Company)	
	9780 SW 16	66 Terrace	75.20
		(Address)	THAY -
	Miami, Flor	ida 33157	HAS
	(City	/State and Zip Code)	SEC P
For further information	concerning this matter, please	call:	ARY OF STATE ASSEE, FLORID
Harvey R. Yance	ey	at (202) 359-390	3
(Name	of Person)	(Area Code & Daytime To	elephone Number)
·Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Fiting 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

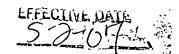
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
3449 Percival Avenue LLC		
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "L	LC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	2007 HA SECRI
9780 SW 166 Terrace	9780 SW 166 Terrace	F 2 =
Miami	Miami	P
Florida 33157	Florida 33157	<u> </u>
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the server and the server	vn Registered Agent. You must designate an in	
Harvey R. Yancey		
-	Name	
9780 SW 166 Terrac	se	
Florida s	treet address (P.O. Box NOT acceptable)	
Miami	FL 33157	
City	, State, and 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..

ed Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Harvey R. Yancey
 	9780 SW 166 Terrace
	Miami, Florida 33157
	F.v.
	LEO LEO
	S S S S S S S S S S S S S S S S S S S
	EEO
/II I	33.
(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: May 2, 2007 . (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: May 2, 2007 . (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business d
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the member of	be specific and cannot be more than five business determined and cannot be cannot be called a second and cannot be called a second
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated that the facts stated	be specific and cannot be more than five business determined and cannot be cannot be called a second and cannot be called a second

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)