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· COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Silk Road Associates, PLLC					
(Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Nina Bekochvili (Name of Person)					
W. W					
(F) - (O)					
(Firm/Company)					
230 Royal Palm Beach Blush,					
Royal Palm Beach Blush, (Address) Royal Palm Beach, & 33411 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Nina Bekachivii at (386) 569-3976 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \text{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 Street/Courier Address Registration Section Registration Section					

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	y Company	is:	•	
Silk Road As	socia	tes, PLIC		
(Must end with the words "Limited Liability Real Estate & FARTICLE II - Address:	Company, "L	imited Company" or their abbreviation "LLC," or Managment Service	آر "L.C.,") محمد	
	ldress of the	e principal office of the Limited Liab	ility Company	y is:
Principal Office Address:		Mailing Address:		
Royal Plana		(same)		
230 RPB Black, E	-33411			
ARTICLE III - Registered Age (The Limited Liability Company cannot service business entity with an active Florida regis	ve as its own R	red Office, & Registered Agent's Segistered Agent. You must designate an individu	Signature: nal or another	
The name and the Florida street a	ddress of th	ne registered agent are:	-	NIG
Nina	Beke	xhivli me	07 JUN 28	SECKET
230	RPB_	Blud.		ARY F.
	Florida street	address (P.O. Box NOT acceptable)	T	7.20
RPB		FL 33411	ယ္ O	26
	City, Sta	te, and Zip	0_	<u> </u>
Having hear named as registers	d agant and	to accept service of process for the al	have stated lim	ited

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 (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Nina Bekochishi
	230 RPB Blod. KPB, R 3341
	44.4
(Use attachment if necessary)	
	the date of filing: 1, 2007. (OPTIONAL) t be specific and cannot be more than five business days prior
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.)

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)