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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: C	RAL COND	0 46 LLC ited Liability Company)	
	(Name of Lim	ited Liability Company)	
The enclosed Articles	s of Organization and fee(s) are	e submitted for filing.	•
Please return all correspondence concerning this matter to the following:			
HAI	RRY KIRSNE	$\mathcal{E}\mathcal{R}$	
		(Name of Person)	
		(Firm/Company)	
9190	SUNSET D	1RIVE	
_		(Address)	
MIAI	SVNSET D MI, FL 3	7 3173	
	(Cit	ry/State and Zip Code)	
For further information	n concerning this matter, please	e call:	
HARRY K	(IRSNER ne of Person)	at (305) 773	-3858
(Nan	ue of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check i	for the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited L	lability Company is:	
Principal Office Address:	Mailing Address:		
9190 SUNSET DAIVE	9190 SUNSET	DRIVE	
MIAMI FL. 33173	MIAMI, FL. 3	3173	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ared Agent. You must designate an indi	's Signature: vidual or another DIVISIO	SECF
		₩ 7	<u>~</u>
MAKKY KII	TINER	26	≳;
Name		<u> </u>	-
9190 SUNSET 1	ORIVE		
Florida street addr	ess (P.O. Box NOT acceptable)	- 01	•
MIAMI FL	FI 33173		•
City, State, an		•	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept t I further agree to comply wit formance of my duties, and I a	he appointment as h the provisions of all m familiar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCR	HARRY KIRSNER 9190 SUNSET DRIVE MININI FL. 33173
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be speto or 90 days after the date of filing.)	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Musics an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
HARRY K Typed o	r 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)

ARTICLE IV- Manager(s) or Managing Member(s):