## L07000098619

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PICK-UP WAIT MAIL			
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마일당학교학(1사년) 07 SEF 25 M11: 39

## COVER LETTER —

TO: Registration Section Division of Corporation	25		
SUBJECT: BLACK	STONE	LANDING ed Liability Company)	5358 LLC
	(Name of Limit	ed Liability Company)	
The enclosed Articles of Organiza	ation and fee(s) are	submitted for filing.	
Please return all correspondence of	oncerning this matt	er to the following:	×
HARRY	KIRSNE	ß	
	•	(Name of Person)	
			ŧ
		(Firm/Company)	
9190 SVN MIAMI, 1	SET D	RIVE	
		(Address)	
MIAMI, 1	<u>-1.</u> 3	3173	
	(City	/State and Zip Code)	
For further information concerning	this matter, please	call:	
HARRY KIRSN (Name of Person)	ER	at ( 305 ) 773 (Area Code & Daytime	3-3858
(Name of Person)		(Area Code & Daytime	Telephone Number)
Enclosed is a check for the follo	wing amount:		
S125.00 Filing Fee S\$130.0 Certifi	0 Filing Fee & [cate 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)
Registrat Division P.O. Bo	Address tion Section t of Corporations x 6327 see, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

BLACKSTONE LANDING 5358 LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9190 SVNSET DAIVE MIAMI PL. 33173	9190 SUNSET DRIVE MIAMI, FL. 33173
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:  KIRSNER  Name
Florida	ET DRIVE a street address (P.O. Box NOT acceptable) FL FL 33173
Ci	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
Registered Ager	wkusines nt's signature (REQUIRED)  26 Mill

(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  MGRM	HARRY KIRSNER  9190 SUNSET DRIVE  MIAMI 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 sp to or 90 days after the date of filing.)	ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	- -
Signature of a member of	20 authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

DIVISION OF 25 AM 11: 39