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JUNI SEP 26 A 10: 2 SECRETARY OF STATI ALLAHASSEE, FLORIG

## **COVER LETTER**

TO:	Registration Division of	i Section Corporations				
SUBJ	ECT: C	9LLINS	1E LLC			
			nited Liability Company)			
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.		,	
Please		spondence concerning this m			/	•
	HAK	RRY KIRSNE	$\exists R$			
		•	(Name of Person)			
•			•			
			(Firm/Company)			
	9190	SVNSET MI, FL.	DRIVE			
			(Address)	XEC 338	2001	<u>_</u>
	MIAI	MI, FL.	33173	AHA	SEF	71
•	· · · · · · · · · · · · · · · · · · ·	· (C	City/State and Zip Code)	3SE ARY	26	9
For furt	her information	concerning this matter, plea	se call:	E, FLO	A	
HA	RRY K	IRSNER e of Person)	at ( 305 ) 773 - (Area Code & Dayrime Tek	385	3/2 3/2	
	(Nam	e of Person)	(Area Code & Daytime Tek	phone Number	)	
Enclose	ed is a check f	or the following amount:				
<b>]\$</b> 125.0	00 Filing Fee	X\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fill Certificate Certified C (additional co	of Stat opy	ಬಽ &
		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 Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLLINS	1 E	440	_			
(Must end w	ith the words "Limited I	Liability Comp	any, "L.L.C.,"	or "LLC.")		_
ARTICLE II - Address: The mailing address and s	street address of th	ne principal	office of th	ne Limite	d Liability	Company is
Principal Office Address	<u>3:</u>	<u>Mail</u>	ing Addres	<u>ss:</u>		
9190 SUNSET MIAMI FL. 33	173		190 SVN			
		N	IAMI,	FL.	3317	3
ARTICLE III - Register (The Limited Liability Company of business entity with an active Flo	annot serve as its own R	ered Office legistered Ager	, & Registe il You must de	ered Age signate an i	ndividual or a	mother
The name and the Florida	street address of the				HASSE	
<u></u>		_/^\ //\ ame	UNL	<u> </u>	ار بردند رتان	(20,20
919	90 SUNSET	DRIV	/E		25 Z	
			. Box <u>NOT</u> a		26 10A	
$\mathcal{N}$	MAMI F	ل FL	3317	13		
	<del></del>	te, and Zip				
Having been named as re	gistered agent and	to accept se	ervice of pro	ocess for i	the above s	tated 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

## 

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

Signature of a member of 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.)

HARRY KIRSVER

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)