

# Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000250802 3)))



H070002508023ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

AL

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone

: (850)385-6735

Fax Number : (954)641-4192

# ORIDA/FOREIGN LIMITED LIABILITY CO.

## MASTER ACQUISITIONS, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

## MASTER ACQUISITIONS, LLC, a Florida Limited Liability Company

(Must earl with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

13790 N.W. 4th STREET, SUITE 113

SUNRISE, FL 33325

13790 N.W. 4TH STREET, SUITE 113

SUNRISE, FL 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Structure of the Limited Limiting Company cannot serve as its own Registered Agent. You must designate an individual or registered Agent. You must designate an individual or registered Agent.

The name and the Florida street address of the registered agent are:

LEONARD E. ZEDECK, Esq.

Name

13790 N.W. 4TH STREET, SUITE 113

Florida street address (P.O. Box NOT acceptable)

SUNRISE, FL 33325 FL

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

110700250802

FILED

407000250802

<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:	
MGRM	MICHAEL SILOTTI	-
	SUNRISE, FL 33325	<del>-</del>
		2007
<u> </u>	ASSE	1 - 9 1 - 9
•	Ţ,	
	<u></u>	STATE
	<b>&gt;</b>	 
(Use attachment if necessary)	·	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)	n the date of filing: (OPT) ast be specific and cannot be more than five business	ONAL) s days į

Signature of a moniber 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 faces stated herein are true.)

LEONARD E. ZEDECK, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

Page 2 of 2

A07000250802