# L07000101333

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECKETARY OF STATE.

# **COVER LETTER**

TO:

TO:	Registration Se Division of Co				
SUBJE	сст: <u>РА</u> QU	(Name of Limited	PEAL ESTA d Liability Company)	TE, LLC	
The end	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	<i>\</i>	ENNIFER I.	PAQUETTE	<u>.</u>	
		(1	Name of Person)		
			77. 40		
	(Firm/Company)				
30 WEST 61 STREET-27C (Address)					
		AICUI VINOV	/State and Zip Code)		
		(City	/State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		
				0/ 20	
PAT	RICK CAL	of Person)	at ( 732 ) 380 - (Area Code & Daytime To	8633	
	(/ talle		(	,	
Enclos	ed is a check for	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	



October 4, 2007

JENNIFER I. PAQUETTE 30 WEST 61ST STREET, 27C NEW YORK, NY 10023

SUBJECT: PAQUETTE FLORIDA REAL ESTATE, LLC

Ref. Number: W07000049231

We have received your document for PAQUETTE FLORIDA REAL ESTATE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 3, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 907A00058119

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	

PACUETTE FURIDA REAL ESTATE, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

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

Principal Office Address:	Mailing Address:
30 WEST 61 STREET-27C	30 WEST 615 STREET-27C
NEW YORK, N.Y. 10023	NEW YORK, N.Y. 10023

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

101 NORTH OCKAN DRIVE # 401

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

HOLLY WOOD FL 33019

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 2007 OCT 19 PH 4: 06
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	JENNIFER I. PARVETTE 30 WEST 6/ST STREET-27C NEW YORK, N.Y. 10023				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of filing:					
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.)					
-TENNIFER	T. PAQUETE or printed name of signee				
Filing Fees:	or printed name of signee				
\$125.00 Filing Fee for Articles of Organize of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation  SRY FES  FES				