

W07000110745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

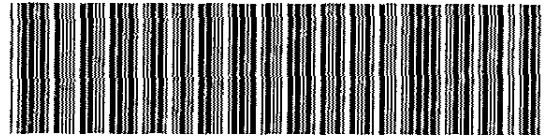
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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W07-110745
OK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2007

WARREN SCHWARTZ
111 S.E. 8TH AVENUE
FORT LAUDERDALE, FL 33301

SUBJECT: ENID SCHWARTZ OF FLORIDA, LLC
Ref. Number: W07000052418

We have received your document for ENID SCHWARTZ OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 707A0006221

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TALLAHASSEE, FLORIDA

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OCT. 11. 2007 11:45AM 32 PM CARMEL & FREDRICKSON

FAX NO. 2012240572 NO. 7594 P. 5P. 04
NO. 828 P. 4

OCT. 10. 2000 2:08PM CORPORATION SERV CO. 2

COVER LETTER

FED. #26-121627

TO: Registration Section
Division of Corporations

SUBJECT: ENID SCHWARTZ OF FLORIDA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WARREN SCHWARTZ

(Name of Person)

ENID Schwartz LLC OF FLORIDA

(Firm/Company)

111 S.E. 8th Avenue

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Warren Schwartz

(Name of Person)

at (

954

) 376-6212

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$725.00 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/County Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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CORPORATION SERV CO.

2

NO. 828 P. 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ENID SCHWARTZ OF FLORIDA, LLC

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

ARTICLE II - Address:

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

Principal Office Address:111 S.E. 8th Avenue,
Apt. 801
Fort Lauderdale, FL 33301**Mailing Address:**111 S.E. 8th Avenue
Apt. 801
Fort Lauderdale, FL 33301**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:

Warren Schwartz

Name

111 S.E. 8th Avenue, Apt. 801Florida street address (P.O. Box NOT acceptable)Fort Lauderdale, FL 33301

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 605, F.S.


Registered Agent's Signature (REQUIRED)

Warren Schwartz

(CONTINUED)

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CORPORATION SERV CO. 2

NO. 828 P. 6

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Warren Schwartz

111 S.E. 8th Avenue, Apt. 801

Fort Lauderdale, FL 33301

MGR

ENID Schwartz

111 SE. 8 AVE. APT. 801

FT. LAUDERDALE, FL 33301

MGR

ALEXANDER Schwartz

111 SE. 8 AVE. APT. 801

FT. LAUDERDALE, FL 33301

MGR

TEFFROY KAPLOWITZ

16 CHERRY ST.

NEW YORK CITY, NY 10005

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.)

WARREN SCHWARTZ

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA