

607000119657

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.

((H07000289429 3)))



H070002894293ABC8

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV 30 AM 8:44

FILED

RECEIVED

07 NOV 30 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BOULEVARD MANAGEMENT, LLC

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

CA Thomas DEC - 3 2007

Electronic Filing Menu

Corporate Filing Menu

Help

(H090002894292)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOULEVARD MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

1825 MAIN STREET, SUITE 106
WESTON, FLORIDA 33326

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SCOTT ROSS

Name

1825 MAIN STREET, SUITE 106

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

WESTON, FL 33326 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

(CONTINUED)

Page 1 of 2

(H090002894293)

07 NOV 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(H07000289429 3)

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

Name and Address:

MGRM

EDWARD ROSS

600 OLD COUNTRY ROAD

GARDEN CITY, NEW YORK 11530

MGRM

SCOTT ROSS

1825 MAIN STREET, SUITE 105

WESTON, FL 33326

MGRM

HOWARD ARNBERG

1825 MAIN STREET, SUITE 105

WESTON, FL 33326

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

SCOTT ROSS

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)

(H07000289429 3)

FILED
07 NOV 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA