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.

(((H07000307846 3)))



H070003078483ABC2

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 : HUBCO

Account Number: 104662003400 Phone: (516)935-3940

Fax Number : (516) 935-3088

RECEIVED

ELORIDA/FOREIGN LIMITED LIABILITY CO.

Ahearn-Tepp Ventures, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help

JAN - 2 2008

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

12/28/2007

ARTICLE I - Name

H07000307846

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompanyis: Anearn-lepp ventures, LLC	
ARTICLE II - Address The mailing address and street addre	ess of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
16703 Golfview Drive	16703 Golfview Drive	
Weston, FL 33326	Weston, FL 33326	
ARTICLE III - Registered A The name and Florida street address	Agent, Registered Office & Registered Agent's Signature of the registered agent are: Harry M. Samuels Name 2901 Stirling Road-Suite 307 (P.O. Box or Mail Drop Box NOT Acceptable) Fort Lauderdale, FL 33312 (City / State / Zip)	SECRETARY OF STATE OIVISION OF CORPORATIONS

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 - Harry M. Samuels

H07000307846

	ress of each Manager or Managing Member is as follows:	H07000307846
<u>Title:</u> "MGR" = Manager "MGRM" = Manag		
MGRM	Ron Ahearn - 10621 SW 140th St., Miami, FL 33176	
MGRM	Gary Tepper - 16703 Golfview Dr., Weston, FL 33326	· ·
(Use attachment if r	necessary)	
REQUIRED SIG	NATURE:	
	- Wordel Charm	
	Signature of a member or authorized representative of a member.	
	(In accordance with section 608.408(3), Florida Statutes, the execution of document constitutes an affirmation under the penalties of perjury that the stated herein are true.)	
	Ron Ahearn	

Typed or printed name of signee

SECRETARY OF STATE OIVISION OF CORPORATIONS