L08000001243

(Requestor's Name)
(Address)
, ()
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Chairman Fullin Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L

Office Use Only



500113420575

01/04/08--01002--001 **125.00



B. KOHR

JAN 0 4 2008

EXAMINER

FILED

08 JAN -3 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORING

COVER LETTER

TO:	Registration Section Division of Corporations	EFFECTIVE DATE 1 1 UX
SUBJE	CT: LAUDER DALE AF	ARTMENTS, LLC Liability Company)
The end	closed Articles of Organization and fee(s) are sub	mitted for filing.
Please	return all correspondence concerning this matter t	
	JOEL E. JACO	BSON FIS 5
•	(Na	me of Person)
	CREATIVE ACCOUNTS	NG & TAX SERVICES
•	(Fi	m/Company)
	KK UNIVERSITY D	RIVE - SUITE 102-A
•	· · · · · · · · · · · · · · · · · · ·	(Address)
	CORAL SPRINGS	FL 3307/-6083 ate and Zip Code)
	(City/5	ate and Zip Code)
For furt	ther information concerning this matter, please ca	и:
<u>Joe</u>	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:	
\$125.	00 Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sectified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

		-
\COF	PORA	ATE
A	CCES	S, /
	INC.	/-

\	P.O. Box 37066	236 East 6th Avenue . Tallahassee, Florida 32303 5 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666		
WALK IN 1-3-2008 MG/A'N PICK UP:				
		OF:		
	CERTIFIED COPY	EFFECTIVE DATE 1		
	РНОТОСОРУ			
	CUS	A Park		
A	FILING	Articles of Organization LC		
-	LAUDET DALE ACCORPORATE NAME AND DOC	entments LLC UMENT#)		
-	(CORPORATE NAME AND DOC			
-	(CORPORATE NAME AND DOC	UMENT #)		
-		UMENT #)		
-	(CORPORATE NAME AND DOC	UMENT #)		
-	(CORPORATE NAME AND DOC	UMENT#) UMENT#) UMENT#)		
-	(CORPORATE NAME AND DOC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC	UMENT #) UMENT #) UMENT #)		
-	(CORPORATE NAME AND DOC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC	UMENT #) UMENT #) UMENT #)		
- -	(CORPORATE NAME AND DOC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC (CORPORATE NAME AND DOC	UMENT #) UMENT #) UMENT #)		

EFFECTIVE DATE | 1 U8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	TALL DE CHE
LAUDERDALE APA (Must end with the words "Limited Liability	RTHENTS, CCC Fr. Sy Company, "L.L.C.," of "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2700 NE 33 ND STREET FT. LAUDENDALE, F-L 31306	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	red Agent. You must designate an individual or another gistered agent are:
	ess (P.O. Box NOT acceptable)
FT. LAUD ENDALE City, State, an	1 3 3 3 0 6 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re(REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	Name and Address:	
MGRM	NOUR! HASSAN 2700 NE 330 STREE FT. CAUDENDACE, FC33 KARIMEH HASSAN	<u> </u>
	PT. LAUDENDALE, FL 333	<u>06</u>
(Use attachment if n		
	if other than the date of filing:	TIONAL) ess days pric
KEQUIKED SIGN.	ature of a member or an authorized representative of a member.	
Sig	ature of a member of an authorized representative of a member.	

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)