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(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	<u></u>
PICK-UP	WAIT M	AIL
(Bi	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(D	ocument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to	Filing Officer:	
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Office Use Only



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08 JAN 17 PH 1:27
SECRETARY OF STATE
TALL AHASSEE, FLORID

D. BRUCE

JAN 17 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C					,	
SUBJI	ECT: Florid	a Properties & Inve	estments, L.I	C.			
	<u></u>	(Name of Limit	ed Liability Compar	ıy)			
The en	closed Articles	of Organization and fee(s) are	submitted for filing.				
Please	return all corres	pondence concerning this mat	ter to the following:				
	Martin H.	Parrish					
			(Name of Person)				
	Florida P	roperties & Investn	nents, L.L.C.				
			(Firm/Company)				•
	Post Offic	ce Box 531				OB J	any
			(Address)			至	September 1
	Fort Lauc	lerdale, Florida 333	302			17 F	B****
		(Ci	y/State and Zip Code)			700	Garage (
For fur	ther information	a concerning this matter, please	e call:			1.27 ORIDA	Viscour
Mar	tin H. Parr	rish	at (954)	871-881	14		
	(Nam	e of Person)	(Area Code	& Daytime Te	lephone Numbe	er)	
Enclos	sed is a check t	for the following amount:					•
□ \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	Certified (e of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu	f Corporation	is .		



Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Properties & Investments, L	
(Must end with the words "Limited Liabit	ity Company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5601 Powerline Road, Suite 207	Post Office Box 531
Fort Lauderdale, Florida 33309	Fort Lauderdale, Florida 33302
business entity with an active Florida registration.) The name and the Florida street address of the r Martin H. Parrish Name	registered agent are:
5601 Powerline Roa	d. Suite 207
	dress (P.O. Box NOT acceptable)
Fort Lauderdale,	FL 33309
City, State,	<u> </u>
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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" = Mana "MGRN4" = Ma	ager anaging Member	Name and Address:
MGRM - MIA	inaging Member	Martin H. Parrish
		Post Office Box 531
		Fort Lauderdale, FL. 33302

(Use attachmen	t if necessary)	
LE V: Effective	e date, if other than the c	date of filing: (OPTION
ffective date is l days after the o		specific and cannot be more than five business d
DECHIDED S	ICNATURE:	
REQUIRED S	IGNATURE:	SECRE TALLAH.
<u>REQUIRED</u> S	Martin	H. Farrish OS JAN 1997 To ran authorized representative of a member 2007
<u>REQUIRED</u> S	Signature of a member	tion 608.408(3), Florida Statutes, the execution

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)