## Electronic Filing Cover Sheet

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(((H08000014520 3)))



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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

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### S & F JOSEPH FAMILY INVESTMENTS LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

JAN 22 2008

Electronic Filing Menu

Corporate Filing Menu





January 18, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG

SUBJECT: S & F JOSEPH FAMILY INVESTMENTS LLC

REF: W08000002980

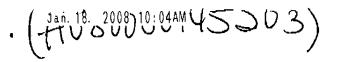
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the managing member.,

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 FAX Aud. #: H08000014520 Letter Number: 008A00004015



| ARTICLES OF ORGANIZATION FO   | OR FLORIDA LIMITED LIABILITY COMPANY   |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Comp  | any is:  |
| S & F JOSEPH FAMILY INVE  | STMENTS LLC  |
| (Must end with the words "Limit   | ed Liability Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address or   | f the principal office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:   |
| 803 REPUBLIC COURT  | 4 WOODFIELD ROAD   |
| DEERFIELD BEACH, FL 33442   | 4 WOODFIELD ROAD POMONA, NY 10970 AND  |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address of | istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another |
| ALLYSON JOSE  | PH   |
|   | Name   |
| 903 DEDI IBI IC   | COURT  |

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

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.

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### 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" = Manager "MGRM" = Managing Member   | Name and Address:   |       |
|--|---|-------|
| MGRM   | Francine Joseph  4 Woodfield Road  Pomona, NY 10970   |       |
|  |   |       |
|  |   |       |
| (Use attachment if necessary)  | te of filling: (OPTIONAL  |       |
| ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be st to or 90 days after the date of filing.) | pecific and cannot be more than five business:days  |       |
| REQUIRED SIGNATURE:  | ORIDA S   | œ. `` |
| (In accordance with section  | r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution  es an affirmation under the penalties of perjury  in are true.) | ·     |
| FRANCINE JOS   | SEPH or printed name of signee  |       |

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