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DIVISION OF CORPURATION OF REPURATION OF STATE OF THE PROPERTY OF THE PROPERTY

G. MCLEOD

APR - 8 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	ıs		
SUBJ	ECT: Lavine Inve			
		(Name of Limit	ed Liability Company)	
The e	nclosed Articles of Organiza	ation and fee(s) are	submitted for filing.	
Please	e return all correspondence c	oncerning this mat	ter to the following:	
	Howard Lavin	е		
			(Name of Person)	
			(Firm/Company)	
	7841 SW 129	th Terrace		
			(Address)	
t was a second	Pinecrest, FL			
		(Cit	y/State and Zip Code)/	
For fu	irther information concernin	g this matter, pleas	e call:	er am Biller Viller - 1850, Silv Alexandrica 1
		· ·	,	104
Ho	Howard Lavine (Name of Person) (Area Code & Daytime Telephone Number)			
	(Name of Ferson)		(Alea Code & Daylille Te	repriorie (vuinoer)
Enclo	osed is a check for the foll	owing amount:		
✓ \$12:	5.00 Filing Fee \$\square\$\$130. Certif	00 Filing Fee & icate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Lavine Investments, L.L.C. (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7841 SW 129th Terrace Pinecrest, FL 33156	7841 SW 129th Terrace Pinecrest, FL 33156
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Howard Lavine Name	SECRETARY VISION OF CO
7841 SW 129th Te Florida street addr Miami City, State, ar	ress (P.O. Box NOT acceptable) FL STATE FL

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 (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>		Name and Address:	
"MGR" = Mana	ager		
"MGRM" = Ma	anaging Member		
MGRM		Howard Lavine	
		7841 SW 129th Terrace	
		Pinecrest, FL 33156	_
MGRM		Lee Lavine	
		7841 SW 129th Terrace	_
		Pinecrest, FL 33156	<u> </u>
MGRM		Jennifer Lavine	
		7841 SW 129th Terrace	_
		Pinecrest, FL 33156	
MODM		Desire Levine	
MGRM	 -	Daniel Lavine 7841 SW 129th Terrace	
		Pincrest, FL 33156	_
(Use attachmen	nt if necessary)		
A INTRECTE IN ST. INCC	- 1-4- '6-44444	(OPT	·
ARTICLE V: Effective	e date, if other than the da	ate of filing: (OPT	IUNAL)
to or 90 days after the		specific and cannot be more than five busine	ss days prior
to or 50 days after the	uate of iming.)		
<u>REQUIRED</u> S	SIGNATURE:	•	
	· ,	\wedge \vee	
	(ONT	
	Signature of a member of		
	(In accordance with section	on 608.408(3), Florida Statutes, the execution	
	of this document constitu- that the facts stated here		
	Туре	d 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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **Greg Lavine MGRM** 7841 SW 129th Terrace Pinecrest, FL 33156 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) **Howard Lavine** Typed or printed name of signee

Page 2 of 2

\$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)