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04/17/08--01032--011 **125.00

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

APR 1 8 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	10001	10	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rochera	e Rellie.	
	(Na	ame of Person)	,
	(F)	irm/Company)	······································
	9035 Silv	of red he	Μ
	, \	(Address)	8 ONVISE
	Lake ve	1th, 11, 32	98 B B B B B B B B B B B B B B B B B B B
	(City/S	tate and Zip Code)	17
For further information co	oncerning this matter, please ca	all:	37) ebf 709 8
\ \ \ \ \	. \	6: 000	
Name (of Person)	Area Code & Daytime Tele	
(Ivanic C	n i ciscily	(Anon Court to Day inno 10.	-priorie / turnou/)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee		\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	3
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
1001 LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Limited Liability Company is a second control of the Liability Company is a second co
Principal Office Address: Mailing Address:
Goza Silver Cler way Lake worth, M. 3346) Lake worth, PC 33467
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Effective Date 04/16/0
9035 Silve Cler Day
Florida street address (P.O. Box NOT acceptable) City, State, and Zip
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)

(CONTINUED)
Page 1 of 2

•			
ARTICLE	IV- Manager	(s) or Manas	ging Member(s):

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

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGRM.	Rocherd Pelly Gozz Silvy Oler way			
MGRM.	Adam Polen 6408, Vark Cale Corce			
MGROY.	Jeffrey Clein 5589 Descrites Circle			
MGRM	Joso Franker Lombard. Joso F. Tigerfail Blad. Venta Buch, Le 33004.			
(Use attachment if necessary)	·)			
CLE V: Effective date, if other than the date of filing: <u>OY.\\(.)\(-\)\(.)\(.)\(.)\(.)\(.)\).</u> (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days p				

ARTIC (If an e orior 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.)

Typed 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)