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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS ON APR 18 PM 1: 29

J. BRYAN

APR 2 1 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Four Midtown Mrami # 3012 (Name of Limited Liability Company)	h, h.C.
The enc	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
_	MATT Ryan (Name of Person)	OBJAPR 18 PM
-	(Firm/Company)	- PA
_	1907 Bryce Court (Address)	. 23
_	Elegreen, CD 80439 (City/State and Zip Code)	
For furth	er information concerning this matter, please call:	
M	(Name of Person) at (303) 574-0287 (Area Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:	
\$125.0	O Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	us &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

FOUR MIDTOWN Miami #3012 L.L. C. (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:

Principal Office Address:	Mailing Address:	S043
MAN Ryan David Paller	1907 bryce Ct Euro 2500 Perkuien Toile Hallande	egreen (0) # 1904
	Registered Office, & Registered Agent's Signatus own Registered Agent. You must designate an individual or and	ure: 33009

The name and the Florida street address of the registered agent are:

Davin Paller
Name

2500 Parkview Taive #1904

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

Hallen Lela FL 33009

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 Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (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:

wure 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)