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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

Registration Section
Division of Corporations

| SUBJECT: Frances Ghitis BR CA | ABIN |
|---|--|
| | Limited Liability Company) |
| The enclosed Articles of Organization and fee(s |) are submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| Frances Ghitis | |
| | (Name of Person) |
| Frances Ghitis BR CABII | N, LLC |
| | (Firm/Company) |
| 9300 NW 10th CT | |
| | (Address) |
| Plantation, FL 33322 | |
| • | (City/State and Zip Code) |
| For further information concerning this matter, p | please call: |
| Frances Ghitis | at (954) 4244659 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amour | nt: |
| \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu | |
| Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | Clifton Building |



April 29, 2008

FRANCES GHITIS 9300 NW 10TH COURT PLANTATION, FL 33322

SUBJECT: FRANCES GHITIS BR CABIN, LLC

Ref. Number: W08000019833

We have received your document for FRANCES GHITIS BR CABIN, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a 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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 108A00023435

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Co | mpany is: |
|---|--|
| Frances Ghitis BR CABIN, I | LLC |
| (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street addres | s of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 9300 NW 10th CT | 9300 NW 10th CT |

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:

ARTICLE I - Name:

Plantation, FL 33322

| Frances Ghitis |
|---|
| Name |
| 9300 NW 10th CT |
| Florida street address (P.O. Box <u>NOT</u> acceptable) |
| Plantation, FL 33322 _{FL} |
| City, State, and Zin |

Plantation, FL 33322

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:

| $\frac{\text{Title:}}{\text{"MGR"}} = M$ | lanager | Name and Address: |
|--|-----------------------------|--|
| | Managing Member | |
| MGR | | Frances Ghitis |
| | | |
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| *************************************** | | |
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| (Use attachn | nent if necessary) | |
| LEV: Effec | tive date if other than the | date of filing: (OPTIONA |
| ffective date | is listed, the date must be | e specific and cannot be more than five business day |
|) days after ti | he date of filing.) | |
| DEALIDER | SICNATUDE. | ALL BECE |
| KEQUIKEI | O SIGNATURE: | HET Y |
| | Zi | on SECRETARY OF ST SECRETARY OF ST ST OF AN ASSEE FLO |
| | | er or an authorized representative of a member. |
| | | ction 608,408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |

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)

Frances Ghitis

Typed or printed name of signee