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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Cashiese Link) raine)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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AFILST

### PAUL D. FEINSTEIN, P.C.

MAIN OFFICE: 102 SUNNYSIDE DRIVE YONKERS, N.Y. 10705 TEL: (914) 375-3613 FAX: (914) 375-3629

E-MAIL: paulfeinstein@optonline.net

NYC OFFICE: C/O RONALD KRAUSE 60 EAST 42ND ST.- STE. 1048 NEW YORK, NEW YORK 10165 TEL (212) 687-2080

June 24, 2008

By Federal Express

Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

Re: REGISTERED OFFICE/AGENT

Dear Officer:

Enclosed please find duly executed LLC Articles of Organization for Florida RV Boat & Storage, LLC and for Florida, LLC, together with my check in the sum of \$310 for your filing fees and a certified copy. Duplicate copies of each filing, with a stamped return address, are also enclosed.

Kindly file the originals and return receipted Certified copies in the enclosed envelope.

Thank you in advance for your help.

Sincerelly yours,

Paul D. Feinstein

PDF/k encls.

## ORIGINAL

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BEP FROBIGE	LLL
(Name of Life	nited Liability Company)
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Robert EKLOGI	
	(Name of Person)
Sands, 11 REALTY G	(Name of Person)  (Firm/Company)  (R) A A A A A A A A A A A A A A A A A A A
) 1 A 7	(Firm/Company)
428 DEL Mako	(Firm/Company)  BLVD, aboth  (Address)
	(Address)
Cape Corpl,	PL 33 709 City/State and Zip Code)
<i>y</i> ((	City/State and Zip Code)
For further information concerning this matter, ple	ase call:
Robert Ekdahl	at ( 239 ) 540 - 149 9 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Section of Status & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ORIGINAL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company	is:	
BER Flaziber (Must end with the words "Limited Li	ability Company "L1 C" or "LI C")	
ARTICLE II - Address:	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address: 云公	
clo R. Evolyhl - Ste. 107 428 Del Prodo Blvd . North Cape Coral FL 33909	SAME FOR	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florida street address of th	e registered agent are:	
Kobert Ekdo	aby (	
428 Del Prado Blub Florida street	. North - Ste - 107 address (P.O. Box NOT acceptable)	
Cape Coral City, State	FL 33909 e, and Zip	
liability company at the place designated i registered agent and agree to get in his capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S	

### 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	Name and Address:
"MGRM" = Managing Member  Profile MGRM	42.8 DA PROSO BUILDORTH#107
17 Egon	CRINESTO SAR VISSIAN &
. M GRAN	428 DEL PRODO BLYO N #107 CAPE CORAL FL 33909  PARTIE VEINSTEIN  STORY  PARTIE VEINSTEIN  STORY  TOTAL  TOT
MGN	Paul D. Ptinitary 107 Supary VIDE DAINS.
(Use attachment if necessary)	Jon 100 10 105 1
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
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)