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AUG - 1 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			C.
SURJECT: 880 S	. BLUFORD AVE,	LLC	08
SOBOLO I.	(Name of Limit	ted Liability Company)	- 108 JUL 31
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Ann J. Za	ıbielinski		
		(Name of Person)	
JONATH/	AN H. GREEN & A	ASSOCIATES, P.A.	
		(Firm/Company)	
799 Brick	cell Plaza, Suite 70	00	
		(Address)	
Miami, Fl	orida 33131		
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	
Ann J. Zabielinski at (305) 372-5100			
(Name	e of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

COMPANY NAME

The name of the Limited Liability Company is:

880 S. BLUFORD AVE, LLC

ARTICLE II

<u>ADDRESS</u>

The mailing address and street address of the principal office of 880 S. BLUEFORD AVE, LLC is:

5201 Timberview Terrace Orlando, Florida 32819

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

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.

Jonathan H. Green, Registered Agent

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ARTICLE IV

MANAGEMENT

880 S. BLUI FORD AVE, LLC is to be managed by one (1) member and is, therefore, a single member managed company. The name and address of the Managing Member is as follows:

AKONA FAMILY LIMITED PARTNERSHIP, Manager/Member

5201 Timberview Terrace Orlando, Florida 32819

ANOKA, LLC, General Partner

NASIR ALARAKHIA, as Manager/Member of Anoka, LLC

DIVISION OF CORPORATIONS