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D. BRUCE

AUG 4 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	hustek+	Associates 1 ted Liability Company)	1C
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Jar	ry Shustek	(Name of Person)	
		ociates LLC (Firm/Company)	
	30 Maria		
Boo	ca Raton,	FL 33428	08 AU SECRE
For further information	·	ty/State and Zip Code)	G-I
For further information	concerning this matter, pleas		789 AMILLI
Jerry Nam	e of Person)	_ at (hone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shustek+ Associates 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:

Principal Office Address:	Mailing Address:		
21630 Marigot Dr. Boca Raton, FL 33428	21630 Marique Boca Rator	ot Dr.	<u>\$</u> 3428
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an inc	dividual or anothe	er Og
	ustak	AHASSI	
21630 Maria Florida street add Boxa Raton	rot Drive liess (P.O. Box NOT acceptable) FL 33428	STAT	
City, State, a	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..

gistered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Jerry Shustek 21630 Marigot Drive Boca Raton, FL 33428
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA t be specific and cannot be more than five business day
days after the date of filing.) REQUIRED SIGNATURE:	SECKE I

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)