

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

: TRIAD PROFESSIONAL SERVICES, LLC Account Name

Account Number : 120020000094 Phone

: (770)777-2091

Fax Number

: (770)220-1943

ELORIDA/FOREIGN LIMITED LIABILITY CO.

TASHRET REALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

AUG 1 3 2008

EXAMINER

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Corporate Filing Menu

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8/12/2008

COVER LETTER

OPPROTE TWOOLK	ET REALTY, LLC		
	(Name of Limi	ted Liability Company)	
e enclosed Articles	of Organization and fee(s) are	submitted for filing.	08 AUG 12 AUG
ease return all corre	spondence concerning this ma-	tter to the following:	lis 1
Sharon K. Gr	ay		2
		(Name of Person)	3
Triad Professi	onal Services, LL		
		(Firm/Company)	
2050 Marcon	i Drive, Suite 150		
	of polito tro	(Address)	
Alpharetta, G			
	11.3		
	(4)	ty/State and Zip Code)	
r further information			
	n concerning this matter, pleas		
aron K. Gray	n concerning this matter, pleas	e call: _ at (_770) 777-2091	shone Number
eron K. Gray		e call:	phone Number)
eron K. Gray (Nam	n concerning this matter, pleas	e call: _ at (_770) 777-2091	ohone Number)
aron K. Gray (Nam	c of Person) For the following smount:	e call: _ at (_770) 777-2091	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	08 3 OFF			
TASHRET REALTY, LLC (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
119 Forshay Road	119 Forshay Road			
Monsey, NY 10952	Monsey, NY 10952			
business entity with an active Florida registration.) The name and the Florida street address of the representation. NRAI Services, Inc.	egistered agent are:			
2731 Executive Park Drive, Su	uite 4			
Florida street address (P.O. Box NOT acceptable)				
Weston	FL 33331			
City, State, a	nd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)
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Registereti Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):					
The name and address o	feach Manager or Managing Member is as follows:				
Title:	Name and Address:				

Title: "MGR" = Manager	Name and Address:	
"MORM" = Managing Member		9
MGR	Pinchas Davidman	08 AUG 12
	119 Forshay Road Monsey, NY 10962	AUG OF
•	(800-10-1)	2 00
		2 AM 8
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(Use attachment if necessary)		
ARTICLE V: Effective date, if other than to (If an effective date is fisted, the date must to or 90 days after the date of filing.)		(OPTIONAL) five business days prior
<u>REQUIRED</u> SIGNATURE:	10.1	•

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 turder the penalties of perjury that the facts stated herein are true.)

Pinchas Davidman

Typed or printed name of signee

Filing Poes:

\$125.00 Filing For for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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