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SECRETARY OF STATE

TALLAHASSEE, FLORID.

D. BRUCE

NOV 0 4 2008

EXAMINER

COVER LETTER

Division of C			
SUBJECT: 2	018 NE 3014	STREET LLC	
	(Name of Limit	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Mic	HAEL LIPUMA	\	
		(Name of Person)	
		(Firm/Company)	
2.115			
3430	GALT OCEAN	(Address)	
FORT	LAUDER DALE	E FLORDA 33308 y/State and Zip Code)	
		TAL	80
For further information	concerning this matter, please	e call:	3
MICHAEL	LIPUMA e of Person)	at (954) 605-2100 (Area Code & Daytime Telephone Number)	FILED OV -3 PH
(The state of the s	™ C
	or the following amount:		<i>(</i>)
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	en us &
		(additional copy is end	noseu)
	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 - Name:

The name of the Limited Liability Comp	oany is:			
2018 NE 30 th (Must end with the words "Limi				
ARTICLE II - Address: The mailing address and street address of	of the principal	office of the Limited I	Liability Compan	ıy is:
Principal Office Address:	<u>Mail</u>	ing Address:		
3430 GALT OCEAN DRIV FORTLANDERDALE, FL 33308	<u>e</u> apti71 <u>1</u> 	SAME		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	zistered Office own Registered Age	. & Registered Agent at. You must designate an indi	's Signature: ividual or another	
The name and the Florida street address	of the registere	ed agent are:	OS SECO TALL	
MICHAEL L	Name		NOV -3 RETARY AHASSE	F
		D. Box NOT acceptable)	PH OF S	ED
FORT LAUDER D City	ALE FL y, State, and Zip	33309	2: 25 TATE ORIDA	
Having heen named as registered agent	and to accept s	ervice of process for the	e ahove stated lin	nited

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)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MICHAEL LIPUMA (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** ignature 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.)

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)

MICHAEL LIPUMA
Typed or printed name of signee