L090000061610

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
JAN - 7 2008				
EXAMINER				

Office Use Only



400139412874

400139412874 01/05/09--01028--011 **130.00

ZUUY JAN -5 ATI IO: JO: TALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3846 NW 5th TRANSACE LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BUAN F. CALIFAND PS & S
2647 FLANKAS STRUCT
2647 MANUARS STATUTE OF US
(Address)
BRUMONE WY 117/0 (City State and Zip Code)
(City State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (347) 961. 4434 (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 \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is		,
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address: 2647 Flances Spines BOCA RATOW, FL 3343/ BILLINGTH 1710 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	3846 NW 5TERRACE	· LLC
The mailing address and street address of the principal office of the Limited Liability Company is Principal Office Address: Mailing Address: Mailing Address: 2647 Flances Sunay BOCA RATON, FL 3343/ PRINCIP BY 1710 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	(Must end with the words "Limitea I	Liability Company, "L.L.C.," or "LLC.")
3046 NW 5 th Trank #95 BOCA RATOW, FL 3343/ ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures	Principal Office Address:	Mailing Address:
	3846 NW 5th TRADER #95 BOCA RATON, FL 33431	2647 FRANCES GAMES
business entity with an active Florida registration.)	(The Limited Liability Company cannot serve as its own F	Registered Agent. You must designate an individual or another
The name and the Florida street address of the registered agent are: 7912 Savona 204 LLC Name	7912 Sa	the registered agent are:
7912 Sewong Slaws Cille Surve 209 Florida street address (P.O. Box NOT acceptable)	Florida stree	

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:

7	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: SEE ATTICHAD		
-			<u>-</u> -	
-		HO H	7009 JAN -	¥1
	rata Baharan Na	SEY OF CORNEL OR DE	5 AM 10: 50	M
((Use attachment if necessary)	***	- -	
(If an ef	LE V: Effective date, if other than the date fective date is listed, the date must be s days after the date of filing.)	ate of filing: (OPT) specific and cannot be more than five busines		
<u>]</u>	REQUIRED SIGNATURE:			
	(In accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of the same affirmation under the penalties of perjury		

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

PRIDALF- CALIFAND
Typed or printed name of signee

Attachment to Article IV - Managers of LLC

	<u>Title</u>	<u>Name</u>	Address
	Manager	Brian F. Califano	2647 Frances Street, Bellmore, NY 11710
	Manager	Louis Faiella III	296 Bayview Avenue, Massapequa, NY 11758
	Manager	Louis S. Faiella	3086 Susan Road, Bellmore, NY 11710
	Manager	Marc Kaplan	2956 Wilson Avenue, Wantagh, NY 11793
	Manager	Russell Kaplan	3136 Lydia Lane, Bellmore, NY 11710
ļ	Manager	Anthony Sampino	55 West Lane, Bay Shore, NY 11706
	Manager	John Vullo	35 Garnier Lane, Bay Shore, NY 11706