# L09000004798

(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:								

Office Use Only



700140341397

81/14/09--01036--024 \*\*1000.00

ON JAN 14 PH 1: 1,7

J. BRYAN

JAN 15 2009

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 10103 NW 6th Avenue, 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:
Harvey L. Rubinchik, Esq.
(Name of Person)
Harvey L. Rubinchik, P.A.
(Firm/Company)
1860 N. Pine Island Road - Suite 118
(Address)
Plantation, FL 33322
(City/State and Zip Code)
For further information concerning this matter, please call:
Harvey Rubinchik at ( 954 ) 475-9995
(Name of Person) (Area Code & Daytime Telephone Number)

### ARTICLES OF ORGANIZATION FOR FLOREDA'LIMITED LIABILITY COMPANY

Á	R	TI	CL	Æ.	Ţ	_ !	V۵	m	A	•

The name of the Limited Liability Company is:

10103 NW 6th Avenue, 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:

1485 S.W. 5th Court

Boca Raton, FL 33432

#### Mailing Address:

1485 S.W. 5th Court

Boca Raton, FL 33432

ARTICLE-III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Harvey L. Rubinchik, Esq.

Name

1860 N. Pine Island Road - Suite 118

Pitalida amant address (P.O. Box NOT acceptable)

## 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 MGRM Peter Levey 1485 S.W. 5th Court Boca Raton, FL 33432 MGRM Dale Levey 1485 S.W. 5th Court Boca Raton, FL 33432 (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:**

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

Dale Levey
Typed or printed name of signee

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)