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EXAMINER

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Northwest 6th 800 LLC	
	(Name of Limited Liability Company)	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Peter Perri	
·	(Name of Person)	
	PJB LLC	
•	. (Firm/Company)	
	65 Northeast 4th Avenue Suite H	
·	(Address)	<del></del>
	Delray Beach FL., 33483	##F.
•	(City/State and Zip Code)	- [
For furt	ther information concerning this matter, please call:	
Pete	r Perri at (561 ) 441-1175	;
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	ed is a check for the following amount:	
<b>₹</b> 125.0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	

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

The name of the Limited Liability Company i	is:
Northwest 6th 800 LLC	
(Must end with the words "Limited Lia	bility 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:
235 Northeast 4th Avenue	235 Northeast 4th Avenue Suite 101
Delray Beach FL., 33483	Delray Beach FL., 33483
The name and the Florida street address of the  Peter Perri  Nam  65 Northeast 4th Av	
Florida street a	ddress (P.O. Box NOT acceptable)
. Delray Beach	<sub>FL</sub> 33483
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(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:

MGR	•	Mark M. Card	
MGK	<del></del>	Mark M. Ford 235 Northeast 4th Avenue Suite 101	
		Delray Beach FL., 33483	<u> </u>
			35
			<del></del> &
			دوع مسير
	<del>-</del>		<u> </u>
			75-
<del> </del>	_		
(Use attachment i	f necessary)		
LE V: Effective of fective date is list days after the da	late, if other than the ed, the date must be te of filing.)	e date of filing:  be specific and cannot be more than fi	(OPTIONA ve business day
(Use attachment in LE V: Effective of fective date is list days after the days days after the days days days days days days days days	late, if other than the ed, the date must be te of filing.)	e date of filing:  be specific and cannot be more than fire spe	ve business day
LE V: Effective of fective date is list days after the da	late, if other than the ed, the date must be te of filing.)  SNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a men	ve business day

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

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