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PICK-UP WAIT MAIL
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

FEB 2 5 2009

EXAMINER

COVER LETTER

Division of C			
SUBJECT: 20	60 NW 67+6STR	GET LLC	
SUBJECT:	(Name of Limit	ed Liability Company)	· · · · · ·
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	BRIAN CAN	16400	,
		(Name of Person)	•
		(Firm/Company)	
	2647 FRA	(Address) (Address) (Address) (Address) (Address)	
	,	(Address)	
	BULLIORE	NY 11710	
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	•
BRIAN CALIFAND		_ at (<u>340</u>) <u>86/-49</u> (Area Code & Daytime Tele	134
(Nam	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Clarations Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(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: Mailing Address:
BOCA RATON, FL 33487 BRUHORE NY 11710
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:
Name 180NE 6 12 ALKANELLE
Florida street address (P.O. Box NOT acceptable)
Durany Beach FL 33483-5470 City, State, and Zip
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 S.S. SECRETARY OF STATE CORPORATIONS. 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:

REQUIRED SIGNATURE:

Signature of a member or an enthorized representative of a member.

(In accordance with section 608.408(6). Elorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)

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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
Manager	Anthony Sampino	55 West Lane, Bay Shore, NY 11706
Manager	John Vullo	35 Garnier Lane, Bay Shore, NY 11706