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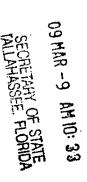
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M. THOMAS

MAR 1 0 2009

EXAMINER

COVER LETTER

•	TO: Registration Section Division of Corporations	
	SUBJECT: BY418 S 24 AVE 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:	
	YANIV ELIYAHU	
	(Name of Person)	
	BY418 S 24 AVE LLC.	
	(Firm/Company)	
	617 CRESTA CIRCLE	09 MAR -9 P
	(Address)	500 50
	WEST PALM BEACH, FL 33413	疆。
	(City/State and Zip Code)	FE PLANE
	For further information concerning this matter, please call:	STATE
	YANIV ELIYAHU at (917) 776-7025	
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
	\$125.00 Filing Fee \$\times\$	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations 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 Company is:	
BY418 S 24 AVE LLC.	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
J I	
Principal Office Address:	Mailing Address:
	SAME PS
617 CRESTA CIRCLE	SAME E T
WEST PALM BEACH, FL 33413	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature: ガ 🧖 🦃
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
YANIV ELIYAHU	
Name	

Florida street address (P.O. Box <u>NOT</u> acceptable)

617 CRESTA CIRCLE

WEST PALM BEACH_{FE}L 33413

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, 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:

e attachment if necessary) V: Effective date, if other than the date of filing:	<u>ldress:</u>
GRM" = Managing Member YANIV ELIYAHU 617 CRESTA C WEST PALM BI R CLAUDE DARM 1948 NW 74TH HOLLYWOOD F e attachment if necessary) V: Effective date, if other than the date of filing:	
e attachment if necessary) V: Effective date, if other than the date of filing:	
e attachment if necessary) V: Effective date, if other than the date of filing:	
e attachment if necessary) V: Effective date, if other than the date of filing:	IRCLE
e attachment if necessary) V: Effective date, if other than the date of filing:	EACH, FL 33413
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ive date is listed, the date must be specific and cannot a safter the date of filing.) OUIRED SIGNATURE: Signature of a member or an authorized re	
Signature of a member or an authorized re	(OPTIONAL) ot be more than five business days pr
, , , , , , , , , , , , , , , , , , , ,	presentative of a member.
(In accordance with section 608.408(3), Flori of this document constitutes an affirmation u	da Statutes, the execution

YANIV ELIYAHU, MGRM

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)

COVER LETTER

Division of Co	S S 24 AVE LLC.		
	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
YANIV EL	IYAHU		
	1)	Name of Person)	
BY418 S 2	24 AVE LLC.		09 MAR -9 AM 10: 3 =
	(1	Firm/Company)	FC 3
617 CRES	STA CIRCLE		PSSS P
<u></u>		(Address)	FO TO
WEST PA	LM BEACH, FL 33	413	
	(City/	State and Zip Code)	5
For further information	concerning this matter, please	call:	
YANIV ELIYAH	HU	at (5
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BY418 S 24 AVE LLC. (Must and with the words "Limited Liability Company "L.L.C." or "LLC.")
ARTICLE II - Name: The name of the Limited Liability Company is: BY418 S 24 AVE 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: Mailing Address: Mailing Address: SAME WEST PALM BEACH, FL 33413 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
Principal Office Address: Mailing Address:
617 CRESTA CIRCLE WEST PALM BEACH, FL 33413 SAME TO THE STATE OF TH
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:
YANIV ELIYAHU
Name
617 CRESTA CIRCLE
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH _E FL 33413
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

Registered Agent's Signature (REQUIRED)

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.

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Widnaging Member	·	
MGRM	YANIV ELIYAHU	
	617 CRESTA CIRCLE	
	WEST PALM BEACH, FL 33413	
MGR	CLAUDE DARMONY	
	1948 NW 74TH AVENUE	
	HOLLYWOOD FL. 33O24	
	<u> </u>	
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(Use attachment if necessary)	Sept.	٩
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ICLE V: Effective date, if other than the		
effective date is listed, the date must	be specific and cannot be more than five business days pri	lott
90 days after the date of filing.)		en en
	> '''	

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.)

YANIV ELIYAHU, MGRM

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)