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B. KOHR
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**EXAMINER** 

SECRETARY OF STATE TALLAHASSEE FLORIDA

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#### **COVER LETTER**

TO:

Registration Section

Division of Corporations				
SUBJECT: AZ PINEY, 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:				
MORTON B. ZEMEL				
(Name of Person)				
ZEMEL LAW FIRM				
(Firm/Company)				
7846 TENNYSON COURT				
(Address)				
BOCA RATON, FLORIDA 33433				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
MORTON B. ZEMEL 561 750-3040				
at ()				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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				

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	mber
MGR	HERBERT C. ZEMEL
<del></del>	19101 MYSTIC POINT #1005
	AVENTURA, FLORIDA 33180
MGR	MORTON B. ZEMEL
	7846 TENNYSON COURT
	BOCA RATON, FLORIDA 33433
MGR	MARGI WULWICK
<del></del>	5401 COLLINS AVENUE # 1419
	MIAMI BEACH, FLORIDA 33140
(Use attachment if necessar	
(Ose attachment if necessar	3)
ARTICLE V: Effective date, if oth (If an effective date is listed, the date or 90 days after the date of filing	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior g.)
REQUIRED SIGNATUR	
The state of the s	agi believed

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.)

### MARGI WULWICK

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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		%	
The name of the Limited Liability Com	npany is:	色	
AZ PINEY, LLC		100	
	nited Liability Company, "L.L.C.," or "LLC.")	SERVING MA	
ARTICLE II - Address:		Top to	
The mailing address and street address	of the principal office of the Limited Lia	bility Company is:	
Principal Office Address:	Mailing Address:	<b>V</b>	
7846 TENNYSON COURT	7846 TENNYSON COURT	7846 TENNYSON COURT	
BOCA RATON, FLORIDA 33433	BOCA RATON, FLORIDA 33433	BOCA RATON, FLORIDA 33433	
		<del></del>	
	egistered Office, & Registered Agent's		

the name and the riorida street address of the registered agent are:

# MARGI WULWICK

business entity with an active Florida registration.)

Name

# 5401 COLLINS AVENUE, #1419

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH, FL 33140

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 gent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2