L09000036222

(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



500147880905

04/10/09--01027--008 **125.00

FILED
2009 APR 10 AM 11: 26
SECRETARY OF STATE
ASSEE, FLORID

C. LEWIS

APR 1 5 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: 655 45th Street, LLC	
gebalet:	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Ivan Garman	
	(Name of Person)
IC Properties, LP, a Pennsy	/Ivania limited liability partnership
	(Firm/Company)
529 Stevens Rd	
	(Address)
Ephrata, PA 17522	
(Cit	y/State and Zip Code)
For further information concerning this matter, pleas	e call:
Andre Charbonneau, Esq.	at (941) 366-8100
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & S160.00 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ÆΙ	- N:	ame:
--------	----	------	------

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

655 45th Street, 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:
529 Stevens Rd.	529 Stevens Rd.
Ephrata, PA 17522	Ephrata, PA 17522

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

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

Andre Charbonneau, Esq @ Icard, Merrill et al Name

2033 Main St. Ste 600

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

Sarasota, FL 34237 _{FL} 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

FILED

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

The name and address of each Manager or Managing Member is as follow APR ID AMII: 26

MGRM	IC Properties, LP, a Pennsylvani	a limited liability partnership
	529 Stevens Rd	
	Ephrata, PA 17522	
		
		
	-	
		·

ARTICLE V: Effective date, if other than the date of filing: April 7, 2009 . (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.)

Andre Charbonneau, Esq., as Authorized Representative

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)