-	(Reque	stor's Name)
	(Addres	SS)	
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	(City/St	ate/Zip/Phor	ne #)
PICK-U	IP [WAIT	MAIL
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Certified Copies		Certificate	es of Status
Special Instruction	s to Filin	g Officer:	
L.	SEL	LER	s

Office Use Only

MAY - 5. 2009

EXAMINER



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FILED

COVER LETTER

TO:	Registration Se Division of Co			
SURI	ECT: LIPUM	A 1924 SECONE	AVE LLC	
5000			ted Liability Compa	ny)
The e	nclosed Articles of	Organization and fee(s) are	submitted for filing	! .
		ondence concerning this mat		
	MICHAEL	_		
	WIICHALL	A LIF OWA	(Name of Person)	
			(Firm/Company)	
	3430 GAL	T OCEAN DRIVE	APT 1711	
			(Address)	
	FT LAUDE	RDALE, FL 3330)8	
		(Ci	ty/State and Zip Code)
For fu	rther information c	oncerning this matter, pleas	e call:	
	HAEL LIPU	•		605-210
WIIC		of Person)	at (<mark>954</mark>) (Area Code	& Daytime Telephone Number)
D t	1. 1.6	A C.II		
_	_	the following amount:	[] (1) (2) (3) (3)	
\$ 125	.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Filing Certified Cop	
			(additional copy	-
		Mailing Address		urier Address
		Registration Section Division of Corporations	Registration of Division of	on Section of Corporations
		P.O. Box 6327	Clifton Bu	uilding
		Tallahassee, FL 32314	-	cutive Center Circle ee. FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	E 1	F . '	Na	ma
\boldsymbol{A}	. K .	 . P.	-	1 7 2	me.

The name of the Limited Liability Company is:

LIPUMA 1924 SECOND 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:
3430 GALT OCEAN DRIVE APT 1711	SAME
FT LAUDERDALE, FL 33308	

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:

MICHAEL A LIPUMA Name

3430 GALT OCEAN DRIVE

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

FT LAUDERDALE, FL 33308

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

O9 MAY -4 AM 8: 29
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHAEL LIPUMA
	3430 GALT OCEAN DRIVE APT 1711
	FT LAUDERDALE, FL 33308
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other teffective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
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CLE V: Effective date, if other to the date, if other to the date is listed, the date of filing.)	
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)