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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)

(Document Number)
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A. LUNT
JUN - 1 2009
EXAMINER

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COVER LETTER

TO:	Registration Division of C							
SUBJI	ECT:	Karen Lessly Management						
		Name of Limited Liability Company						
The en	closed Articles	of Organization and fee(s) are	submit	ted for fil	ing.		FL	2009 MAY 29
Please	return all corres	spondence concerning this mat	ter to th	ne followi	ng:		2	iay 2
		1	Karen	Silvers	5		50.7	9
			Name	of Person			E. FLOR	AU 7. C
			Firm/Company					
19463 38th Court								
	Address							
	Sunny Isles Beach, FL 33160							
		Ci	ty/State a	and Zip Co	ode	1		
		karens E-mail address: (to be used	ilvers	99@gm	nail.com	(on)		
For fur	ther information	n concerning this matter, pleas			sport nouncain	(Sill)		
	KAR	EN SIVERS	at (786	_)	236-6279		
	Nam	e of Person		Area Co	de & Daytime	Telephone Number	er	
Enclos	sed is a check t	for the following amount:						
] \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Co	ertified C	ling Fee & Copy opy is enclosed	\$160.00 F Certificat Certified (additional	e of Stat Copy	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Divisio Clifton 2661 E	Courier Add ation Section on of Corpora Building executive Cer assee, FL 323	ntions		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Ad The mailing addres	dress: s and street address of the p	rincipa	I office of the L	imited Liability Co	ompany	is:
Principal Office Address:		<u>Ma</u>	ling Address:			
19463 38th Court Sunny Isles Beac		19463 38th Court Sunny Isles Beach, FL 33160				
(The Limited Liability Co business entity with an a	egistered Agent, Registered mpany cannot serve as its own Registration.) Clorida street address of the	tered Ag	ent. You must design		re:MAY 29 PH	esca Partie
STEVE		ILVE	RS	_ 의 기계 (기계 기계 기	<i>∴</i>	**************************************
	Name				26	
	19463 38					
	Florida street address (P.O					
	SUNNY ISLES BEAC		33/60	<u> </u>		
	City, State, a	nd Zip				
liability compar registered agent an statutes relating t	d as registered agent and to ty at the place designated in ad agree to act in this capac to the proper and complete po tations of my position as regi	his cer y. I fu erform	tificate, I hereby ther agree to co ance of my duties	accept the appoint mply with the provi s, and I am familiar	ment as isions of with ar	s f all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	20
"MGRM" = Managing Member	KAREN LESSLY SILVERS
MGRM	KAREN LESSLY SILVERS
	19463 38th COURT 29
	SUNNY ISLES BEACH, FL 33160
	770. 8
	2: 26
	
(Use attachment if necessary)	
TICLE V. Effective date if other than the	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
or 90 days after the date of filing.))
REQUIRED SIGNATURE:	
X /o	1/10/
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution
	stitutes an affirmation under the penalties of perjury
	REN LESSLY SILVERS
	ped 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)