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| (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: | | |
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Office Use Only



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FILE LI 2009 JUN -8 AH 10: 56 SECRETARY OF STATE

M. THOMAS

JUN - 9 2009

EXAMINER

COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Fitzgerald Fine Arts, L.L.C. | | | |
| SUBJECT: Fitzgerald Fine Arts, L.L.C. (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: | | | |
| BRIAN FITZGERALD (Name of Person) | | | |
| (Name of Person) | | | |
| FITZGERALD FINE AKTS. L.L.C. | | | |
| FITZGERALD FINE AKTS, L.L.C. (Firm/Company) | | | |
| • | | | |
| 1130 N.W. 18th Avenue E. S | | | |
| (Address) FIG. 50 | | | |
| (Address) Ft. Lauderdale Floripa 33311 (City/State and Zip Code) For further information concerning this matter, please call: | | | |
| (City/State and Zip Code) エディーの | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| ** TRIAN FITZGERALD at (954) 673-2979 (Area Code & Daytime Telephone Number) | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | |
| Fitzgerald Fine (Must end with the words "Limited Liability | Arts, L.L.C. ty Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1130 N.W. 18th Avenue ft. Lauderdale, Florida 33311 | Ft. Lauderdale, Florida 33311 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature are an individual of another are a signature an individual of another are a signature and agent are a signature are a signature. |
| The name and the Florida street address of the re | gistered agent are. |
| <u>Diana Fitza</u> | erald Fig. 55 |
| 13 OAK RIDGE | E LANE |
| | ress (P.O. Box <u>NOT</u> acceptable) |
| TEQUEST A City, State, as | FL 33469 nd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM BRIAN FITZGERALD N.W. 18th AVENUE MGRM (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee