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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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S. HAWKES
JUN 2 6 2009
EXAMINER

COVER LETTER

TO:	Registration Division of C		
SUBJI	ECT:	BRESLOW	V CONSTRUCTION, LLC.
		Name of Limi	nited Liability Company
The en	closed Articles	of Organization and fee(s) are	re submitted for filing.
Please	return all corres	pondence concerning this ma	atter to the following:
		DAVII	D J. VALDINI, ESQ. Name of Person
٠		•	Name of reison
	DAVID J. VALDINI & ASSOC		J. VALDINI & ASSOC Firm/Company
		5353 N. FEDEI	RAL HIGHWAY, SUITE 303 Address
		505714	NUMBER N. E. C. COCCO
			AUDERDALE, FL 33308 City/State and Zip Code
-		DVALDIN	NI@VALDINILAW.COM d for future annual report notification)
For fur	ther information	concerning this matter, pleas	•
		J. VALDINI of Person	at (954) 776-8115 Area Code & Daytime Telephone Number
Enclos	ed is a check f	or the following amount:	
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Silence Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)
		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 CON

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
BRESLOW CONSTR (Must end with the words "Limited Liabil	
(Must end with the words "Limited Liabili	ny Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
The maning address and street address of the pr	melpai office of the Limited Etaolity Company is.
Principal Office Address:	Mailing Address:
790 SOUTH ANDREWS AVENUE POMPANO BEACH, FL 33069	790 SOUTH ANDREWS AVENUE POMPANO BEACH, FL 33069
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Name	
5353 N. FEDERAL H Florida street address (P.O. FT.LAUDERDALE 33308	Box <u>NOT</u> acceptable) FL
City, State, an	d 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

	75.00
ARTICLE IV- Manager(s) or M	Z Tura
	anager or Managing Member is as follows:
	2
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	JULIAN M. BRESLOW
	790 SOUTH ANDREWS AVENUE
	POMPANO BEACH, FL 33069
MGRM	JILLIAN BRESLOW
	790 SOUTH ANDREWS AVENUE
	POMPANO BEACH, FL 33069
	TOWN AND BLACK, TEGOROG
MGRM	LAUREN BRESLOW
	790 SOUTH ANDREWS AVENUE
	POMPANO BEACH, FL 33069
(Use attachment if necessary)	<u></u>
(Oso attachmont is necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
effective date is listed, the date mu	st be specific and cannot be more than five business days p
0 days after the date of filing.)	
DECLUBED OLON ARXIDE	
REQUIRED SIGNATURE:	
	No. 1. m. / 10
Signature of a me	mber or an authorized representative of a member.
	-
(In accordance with of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
that the facts state	
	JULIAN M. BRESLOW
	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of C	
	Organization and Designation
of Registered Agent	
of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	