L09000018456

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
. (Business Entity Name)		
. (Dusiness Emily Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
AUG 1 4 2009		
EXAMINER		

Office Use Only



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AUG II PH 2: 42



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2009

LORRAINE BAREISS 2001 SW 22ND WAY BOYNTON BEACH, FL 33426

SUBJECT: LORRAINE BAREISS, LLC

Ref. Number: W09000034730

We have received your document for LORRAINE BAREISS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 609A00026191

COVER LETTER

Division of	Corporations		
SUBJECT:	BJECT: LORRAINE BAREISS 11C		
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LOR	RAINE BAREISS	
		Name of Person	
	Lorrai	ne Bareiss LLC	
		Firm/Company	
	200-	I SW 22ND WAY	
		Address	
	POVNT	ON DEACH EL 22426	
		DN BEACH, FL 33426 ty/State and Zip Code	
		•	
	E-mail address: (to be used	am30@yahoo.com for future annual report notification)	<u> </u>
For further informatio	n concerning this matter, pleas	e call:	
	AINE BAREISS	at (561) 73 Area Code & Daytime Telep	32-8591
Nam	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
• • •				
LORRAINE BAREISS, LLC				
	ability 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:			
2001 SW 22ND WAY	SAME			
BOYNTON BEACH, FL 33426				
DOTINION BEAON, I'E 00-120				
ADTICLE III Degistered Agent Degister	red Office, & Registered Agent's Signature:			
(The Limited Liability Company cannot serve as its own Re	egistered Agent. You must designate an individual or another			
business entity with an active Florida registration.)	Bisiona (180 m. 100 m.			
· · · · · · · · · · · · · · · · · · ·				
The name and the Florida street address of th	e registered agent are:			

Name

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

Bounton Bach FL 334.

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)

SECRETARY OF STATE

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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Lorraine Batel55 2001 Sw 22ND Way Bayoton Beach, FL 33421
The second section of the second section of the second section of the second section s	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>SEPTEMBER 1, 2009</u>. (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.)

LORRAINE BAREISS
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)

SECRETARY OF STAIR