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(Requestor's Name)
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M. THOMAS

OCT 2 2009

EXAMINER

COVER LETTER

Division o	f Corporations	ODIDA DEALT/	1.0
SUBJECT:		ORIDA REALTY L ted Liability Company	LG.
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all con	respondence concerning this mat	ter to the following:	
		ELI ZAMIR	
		Name of Person	
		Firm/Company	
	155	30 HAWKER LN	ZIIIS PCT TALLARE
- 		Address	ERE CI
	WELL	INGTON, FL 33414	T-1 MII: 36
		ty/State and Zip Code	門母王
		i@elizamir.com	
D 0 1 1 0	•	for future annual report notificat	non) Rick
For further informat	tion concerning this matter, pleas	e call:	,
	ELI ZAMIR	at (954)	881-0776
N	ame of Person	Area Code & Daytim	e Telephone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fo	ce \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & Certified Copy (additional copy is enclose	\$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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
	IDA REALTY LLC. ited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15530 HAWKER LN WELLINGTON, FL 33414	15530 HAWKER LN WELLINGTON, FL 33414
	770 0
E	ELI ZAMIR
	ELI ZAMIR Name SO HAWKER LN ress (P.O. Box NOT acceptable) RESTARY OF STATE OF ST
1553	30 HAWKER LN
Florida street addr	ress (P.O. Box NOT acceptable)
WELLINGTO	
City	, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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	ELI ZAMIR	
	15530 HAWKER LN	
	WELLINGTON, FL 33414	_
		
		_ ,
	TAL	2009 OCT
	P	
(Use attachment if necessary)		多一
LEV: Effective date if other than the date	e of filing: (OPT	TONALF
ffective date is listed, the date must be sp	ecific and cannot be more than five busine	
days after the date of filing.)		DI.
REQUIRED SIGNATURE:		
Signature of a member or	an authorized representative of a member.	
	608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	
that the facts stated herein a		
that the facts stated herein a	ELI ZAMIR	
	ELI ZAMIR or printed name of signee	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)