E LOADOLDOD	
(Requestor's Name) (Address) (Address)	000161461850
(City/State/Zip/Phone #)	10/19/0901024016 **125.00
(Business Entity Name)	
Certified Copies Certificates of Status Special Instructions to Filing Officer: L. SELLERS 0CT 20:2009 EXAMINER	-Germanik Garage in the former of
Office Use Only	FILED 09 OCT 19 AN 8: 27 SECRE IARY OF STATE TALLAHASSEE FLORIDA

Law Offices of Robert D. Schwartz, P.A. 2240 Woolbright Road, Suite 411 Boynton Beach, Florida 33426

Boynton Beach:	561-736-3440	
Boca Raton:	561-367-0354	
Facsimile:	561-736-4808	
Toll Free:	888-615-8641	
www.schwartzpa.com		

Robert D. Schwartz Attorney At Law Certified Public Accountant Charles Blake Dye Attorney At Law

Christen C. Ritchey Attorney At Law Caroline Johnson Attorney At Law

October 14, 2009

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Laurcin, LLC

Dear Sir or Madam:

Enclosed, please find and original and one copy of the Articles of Organization for the above referenced LLC. Also enclosed is a check in the amount of \$125 to the Florida Department of State filing fee.

After the documents have been approved, please overnight them to me at the above address.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Robert D. Schwartz

1

1) 100-

w/enc.

Aventura · Boca Raton · Boynton Beach · Coral Gables · Ft. Lauderdale · Juno Beach · Miami

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

LAURCIN, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

2401 NE 197 Street, Miami, Florida 33180

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be for fifty years.

ARTICLE IV - Management (check the appropriate statement and complete each one)

___X__ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Riselle Schwortz: 2401 NE 197 Street, Miami, Florida 33180

_____ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be upon approval of all of the Members. $\sum_{r_{r1}}^{\infty} \mathbf{G}$

OCT 19 .AH 8:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be upon approval of all of the remaining Members.

ARTICLE VII-Taxation

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

Riselle

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LAURCIN, LLC

2. The name and the Florida street address of the registered agent are:

ROBERT D. SCHWARTZ 2240 Woolbright Road, Suite 411 Boynton Beach, Florida 33426

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.

Signature

