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S. HAWKES 0CT 2 2 2009 EXAMINER

## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	Name of Limited Liability Company		
The en	losed Articles of Organization and fee(s) are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	Adam Axler		
	Name of Person		
	Firm/Company		
	363 Belle Grove Lane		
	Address		
	Royal Palm Beach, FL 33411		
_	Concost, net  E-mail address: (to be used for future annual report notification)		
For fur	er information concerning this matter, please call:		
Ac	Name of Person at (954) 682-7113  Area Code & Daytime Telephone Number		
Enclos	d is a check for the following amount:		
]\$125.¢	Filing Fee \$\int \\$130.00\$ Filing Fee & \$\int \\$155.00\$ Filing Fee & \$\int \\$160.00\$ Filing Fee,  Certificate of Status Certified Copy 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 Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	87 2 °
Must end with the words "Limited Liability	ity 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:
Principal Office Address:	Mailing Address:
Adam Axlecture 363 Belle Grave Lane Rayal Palm Beach, FL 33	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

	ger(s) or Managing Member(s): of each Manager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:  Member			
MGRM	Adam Axler 363 Belle Grave lane Royal Palm Beach, FL 33411			
MGRM	Max Ader 901 N. Penn St. Unit 802P Philadelphia, PX 19123			
MGRM	Mitchel B. Axler Revocable Trust Mitchel B. Axler, Trustee 200 E. Fillmore Street, Apt. 115			
	Phoenix, AZ 85004-2106			
(Use attachment if nece	ssary)			
ARTICLE V: Effective date, if (If an effective date is listed, the to or 90 days after the date of f  REQUIRED SIGNAT	e date must be specific and cannot be more than five business days prior iling.)			
Adam Alem				
Signature of a member or an authorized representative of a member.				
of this	sordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury e facts stated herein are true.)			
Filing Fees:	Typed or printed name of signee			
\$125.00 Filing Fee for A of Registered A \$ 30.00 Certified Copy \$ 5.00 Certificate of S	(Optional)			