9000/04782

(14	Requestor's Name)	
(A	Address)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
, (B	Business Entity Name	e)
· ·(D	ocument Number)	
Certified Copies	Certificates of	of Status

A. LUNT

OCT 30 2009

EXAMINER

Office Use Only



000162288190

10/29/03--01035--809 **160.00

October 25, 2009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed for your review is the application for The Articles of Organization for The Polished Property, LLC. Should there be any questions please feel free to contact me at 305-394-7388 and/or 4908 SW 195th Terrace, Miramar, FL 33029.

Sincerely,

Trisha Haley

COVER LETTER

Registration Section

TO:

Division of Corp	porations				
SUBJECT:	The	Polish	ned Prop	erty	
	Name of Limit	ted Liabil	ity Company	y	
The enclosed Articles of C	Organization and fee(s) are	submitte	d for filing.		
Please return all correspon	ndence concerning this mat	ter to the	following:		
······			Parmar		
		Name of	Person		
	The I	Polishe	d Propert	ty	
		Firm/Co	mpany		
	18331	Pines	Blvd. #23	32	
		Add	ress		
	Pembro	oke Pin	es, FL 33	029	
			nd Zip Code		
	Monica.l	Parma	@comca	st.net	
For further information of	E-mail address: (to be used to oncerning this matter, pleas		annuai report	nouncano	1)
roi ididei mioimation ce	meerning uns matter, preas	e can.			
	a Haley	at (305)_		394-7388
Name of	Person		Area Code &	Daytime 1	Telephone Number
Enclosed is a check for	the following amount:				/
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filing tified Copy litional copy is	,	\$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/Cour Registration Division of Clifton Bui 2661 Execu Tallahassee	Section Corporati Iding Itive Cent	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
The Polished P	roperty, LLC.
(Must end with the words "Limited Lie	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: ASSI
18331 Pines Blvd. #232	18331 Pines Blvd. #232
Pembroke Pines, Florida 33029	Pembroke Pines, Florida 33029
The name and the Florida street address of th	e registered agent are:
Nar	
18331 Pine	es Blvd. #232
	O. Box NOT acceptable)
Pembroke Pines,	FL 32029
City, State	
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered 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:

H1 (C)D(1) 1 (Name and Address:
"MGR" = Manager "MGRM" = Managing M	1ember
MGRM	Eric Haley
	905C Southridge Road, Unit 104
	Delray Beach, Florida 33444
MGRM	Delray Beach, Florida 33444 Triska Halaley
	E P
morn	moniea Parmar
(Use attachment if necess	sary)
CLE V: Effective date, if o	other than the date of filing: (OPTIONAL)
CLE V: Effective date, if o	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pr
CLE V: Effective date, if of the control of the con	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.)
CLE V: Effective date, if o	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.)
CLE V: Effective date, if of the effective date is listed, the days after the date of file REQUIRED SIGNATU	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) (RE:
CLE V: Effective date, if of the effective date is listed, the days after the date of file REQUIRED SIGNATU	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) (RE:
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fil REQUIRED SIGNATU	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) URE: Every Valley re of a member or an authorized representative of a member.
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fil REQUIRED SIGNATU Signatu (In accoof this effective date, if of the control of this effective date, if of the control of this effective date, if of the control of this effective date, if of the control of the c	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) (RE:
CLE V: Effective date, if of effective date is listed, the 0 days after the date of fil REQUIRED SIGNATU Signatu (In accoof this effective date, if of the control of this effective date, if of the control of this effective date, if of the control of this effective date, if of the control of the c	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.) URE: The of a member or an authorized representative of a member. Independent constitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)