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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Samuel Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Erica Samuel Name of Person
E. Samuel Firm/Company
7088 NW 49th Street
Lauderhill, FL 33319 City/State and Zip Code
Ricka Samuel & Vahor. Com E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Erica Samuel at (954) 401-9648 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times\$
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabilis	Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address: 1088 NW 49th Street Lauderhill Fl. 33319	Mailing Address: 7088 NW 49th Street Lauderhill, FL 33319
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Erica Samu	eL
Name	. 1
<u>Erica Samu</u> Name 7088 NW 49 ⁴¹ 57	lreet
Florida street address (P.O. l	Box NOT acceptable)
Lauderhill :- City, State, an	FL 333/9
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S
	// //
Registered Agent's Signatu	(PROTUPED)
Kegistered Agent Sargnatu	TALLOURED)
	/

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Erica Samuel 7088 NW 49th Street Lauder H. J. FL 33319	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (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 of	r an authorized representative of a member.	
(In accordance with section of this document constitut that the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	
Filing Fees: \$125.00 Filing Fee for Articles of Organization	or printed name of signee	

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)