## 1990W116513

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500163328555

09 DEC -8 AM 10: 42

B. KOHR

DEC - 8 2009

**EXAMINER** 



ACCOUNT NO. : I2000000195 REFERENCE: 210530 7704032 AUTHORIZATION : COST LIMIT : ORDER DATE: December 8, 2009 ORDER TIME : 9:58 AM ORDER NO. : 210530-025 CUSTOMER NO: 7704032 DOMESTIC FILING NAME: DANIKA REALTY, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	99 (560)
Danika Realty, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	y Company, "L.L.C.," or "LLC.")  ncipal office of the Limited Liability Company is it.
Principal Office Address:	Mailing Address:
6899 Collins Avenue, Apt. 2103	6899 Collins Avenue, Apt. 2103
Miami Beach, FL 33141	Miami Beach, FL 33141
The name and the Florida street address of the repart Payel Pogodin  Name	
6899 Collins Avenue, Ap	
	ess (P.O. Box <u>NOT</u> acceptable)
Miami Beach,	FL 33141 d Zip
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 perj	scept 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 ered agent as provided for in Chapter 608, F.S
BY: /s/ Pavel P	
Registered Agent's Signatur	e (REQUIRED)

(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:

6899 Collins Avenue, Apt. 2103 Miami Beach, FL 33141

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Mark E. Manigan, Esq., Authorized Representative

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)