## L10000000 291

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Division o	f Corporations		
SUBJECT:	1902 West 10th S	itreet LLC	
	(Name of Limited Lia	bility Company)	
The enclosed Articl	es of Organization and fee(s) are submi	itted for filing.	
Please return all cor	respondence concerning this matter to t	the following:	
Gary T. Hark			
	(Namo	e of Person)	
3H Corporate	e Services, LLC		
_	(Firm	/Company)	_
6 Clement A	venue		
	(A	ddress)	
Saratoga Spr	rings, NY 12866		7 2
	(City/State	e and Zip Code)	ECE BIOLE
For further informate	tion concerning this matter, please call:		TALLAHASSEE, FLORID
Gary T. Harker, Esq. (N	at (_	518 ) 583 0639 E (Area Code & Daytime Te	ext. 111 TOTAL PROPERTY OF THE
Enclosed is a chec	ck for the following amount:		15 <b>5</b>
<b>√</b> \$125.00 Filing Fe	Certificate of Status C	155.00 Filing Fee & Certified Copy additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

et LLC ity Company, "L.L.C.," or "LLC.")	
incipal office of the Limited Li	ability Company i
Mailing Address:	
632 Broadway, 7th Floor	
New York, New York 10012	
egistered agent are:	<del></del> 1
egistered agent arc:	<del></del> 1
egistered agent are:	2009 DEC 31 SECRETARY TALLAHASSE
egistered agent are:	2009 DEC 3 I SECRETARY ( TALLAHASSEE
registered agent are:  Iress (P.O. Box NOT acceptable)	<del></del> 1
	632 Broadway, 7th Floor

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 (REOLIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"IMCD" - Manage	Name and Address:			
"MGR" = Manag				
"MGRM" = Mar	aging Member			
MGR	Gary M. Blenis			
	632 Broadway, 7th Floor		<del></del>	
	New York, New York 10012			
	-			
(Use attachment	if necessary)			
CLE V: Effective effective date is lis 0 days after the d	date, if other than the date of filing:ted, the date must be specific and cannot be more thate of filing.)			
CLE V: Effective effective date is lis	date, if other than the date of filing:ted, the date must be specific and cannot be more thate of filing.)			
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CLE V: Effective effective date is lis 0 days after the d	date, if other than the date of filing:ted, the date must be specific and cannot be more to ate of filing.)  GNATURE:	f a member.	ess day:	s pri
CLE V: Effective effective date is lis 0 days after the d	date, if other than the date of filing:  ted, the date must be specific and cannot be more to the ate of filing.)  GNATURE:  Signature of a member or an authorized representative of this document constitutes an affirmation under the penaltic that the facts stated herein are true.)  Gary T. Harker	f a member.	SECRETARY	s pri
CLE V: Effective effective date is lis 0 days after the d	date, if other than the date of filing:  ted, the date must be specific and cannot be more to the ate of filing.)  GNATURE:  Signature of a member or an authorized representative of this document constitutes an affirmation under the penaltic that the facts stated herein are true.)	f a member.	SECRETARY	s pri

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)