L10000005493

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	₩ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700163645757

01/14/10--01012--014 **130.00



JAN 15 2010 EXAMINER

COVER LETTER

TO:

то:	Registration Division of C			
SUBJE	ЕСТ:	206	6 Hollybrook, LLC	
		Name of Limi	ted Liability Company	_
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	spondence concerning this ma	tter to the following:	
		W. Ro	odgers Moore, Esq.	
			Name of Person	
		W Ro	odgers Moore, P.A.	
			Firm/Company	- P
			· ·	ALI
		1900 G	lades Rd., Suite 401	TALLAI TALLAI
			Address	33
		Poor	2 Poton El 22421	SER
			a Raton, FL 33431 ity/State and Zip Code	<u> </u>
			•	第三
-		E-mail address: (to be used	orelaw@gmail.com for future annual report notification)	Parties and the same of the sa
For fur	ther information	n concerning this matter, pleas	se call:	
		ers Moore, Esq.	_ at (561)394-7944_	·-·-
	Name	e of Person	Area Code & Daytime Telephone Number	er
Enclos	ed is a check	for the following amount:		,
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
		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	
		ing t he set to be a first to the set of the	A North Colors	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	•		
The name of the Lim	ited Liability Com	npany is:	
	206 Ho	ollybrook, LLC	
(Must	end with the words "Lin	nited Liability Company," "L.L.C.," or "LLC	2.")
ARTICLE II - Add The mailing address		of the principal office of the Limi	ited Liability Company is:
Principal Office Ad	dress:	Mailing Address:	
1900 Glades Rd., S Boca Raton, FL 33		same	TEST OF JAN
(The Limited Liability Combusiness entity with an act	pany cannot serve as its ive Florida registration.)	egistered Office, & Registered A own Registered Agent. You must designate a softhe registered agent are:	gent's Signature:
	W. Ro	dgers Moore, P.A.	2
		Name	
_	1900 GI	lades Rd., Suite 401	
Florida street addres		iress (P.O. Box NOT acceptable)	
	Boca Raton 3	1,17	
	Cit	y, State, and Zip	
liability company registered agent and statutes relating to	at the place desigr agree to act in this the proper and con	nt and to accept service of process for ated in this certificate, I hereby ac s capacity. I further agree to comp implete performance of my duties, as n as registered agent as provided for the control of the control	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGR" = Manage	er	Name and Address:	
"MGRM" = Mana	iging Member		
MGR	_	Peggy L. Ferber 817 N. Highland Ave. Pittsburgh, PA 15206	
e - 12	-		
	_		
			2010 JI
(Use attachment if	f necessary)		TASA T
TICLE V: Effective d			(OPŢIONAL)
n effective date is lister 90 days after the dat <u>REQUIRED</u> SIG	te of filing.)	specific and cannot be more than five	Constitution of the second of
		artinire	Reprontace
:	Signature of a member of	or an authorized representative of a memb	ber.
	(In accordance with section	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of per	n

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

\$ 5.00 Certificate of Status (Optional)