1000028429

(Requestor's Name)
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MAR 15 2010

EXAMINER



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SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Division of C					
SUBJECT:1560	HIGH ROAD, LLC				
	Name of Limit	ed Liability Com	pany		
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.		
Please return all corres	pondence concerning this mat	ter to the followin	ng:		
C/O JEFFRE	Y SANCHEZ	(i),			
		Name of Person			_
JAY ZABEL	& ASSOCIATES, LTD.				
		Firm/Company			
55 WEST MO	ONROE, SUITE 3950				
		Address			
CHICAGO, II	LINOIS 60603				
		y/State and Zip Co	de		
JSANCHEZ@	ZABELLAW.COM E-mail address: (to be used to	for fitture annual re	port notification	<u> </u>	
For further information	concerning this matter, please		port nourication	11.7	
JEFFREY SANCH		at (312	<u>201-980</u>		
Name	of Person	Area Co	de & Daytime 1	Telephone Nur	nber
Enclosed is a check f	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co		Certific Certific	Diling Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addression Section nof Corporati Building xecutive Centers Sec. FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	any is:	
1560 HIGH	H ROAD, LLC	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1560 HIGH ROAD	1560 HIGH ROAD	
TALLAHASSEE, FLORIDA 32304	TALLAHASSEE, FLORIDA 32304	
TALLAHASSEE	wn Registered Agent. You must designate an individu	SECRETARY OF STATE DIVISION OF CORPORATE 10 MAR 12 PM 2: 35
liability company at the place designate registered agent and agree to act in this a statutes relating to the proper and compacted the obligations of my position	and to accept service of process for the acted in this certificate, I hereby accept the capacity. I further agree to comply with to plete performance of my duties, and I amas registered agent as provided for in Charles Signature (REQUIRED)	bove stated limited appointment as he provisions of all familiar with and

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:

MGRM	IRDC FLORIDA COMPANY, INC.
	1600 PULLEN ROAD
	TALLAHASSEE, FLORIDA 32303
 	
· <u>·</u>	
Use attachment if necessary)	
EV: Effective date, if other than t	the date of filing: (OPTI

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.)

Jon Foley, Managing Member, Maven Management, LLC

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)