

L100U 00 37940

(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



500172414285

04/09/10--01003--013 \*\*155.00

*CORPLAC*

FILED  
STATE  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
10 APR - 8 AM 11:14

B. KOHR

APR 13 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 04/08/10

REF. #: 000409.122989

CORP. NAME: 1740 NW 69 AVE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 534422 FOR \$ 155

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 APR -8 AM 11: 29  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**ARTICLES OF ORGANIZATION  
OF  
1740 NW 69 AVE, LLC**  
In compliance with Chapter 608 of the Florida Limited  
Liability Company Act

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
10 APR - 8 AM 11:14

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **1740 NW 60 AVE, LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**9030 N.W. 97<sup>th</sup> Terrace  
Medley, Florida 33178**


**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Robert Baer  
9030 N.W. 97<sup>th</sup> Terrace  
Medley, Florida 33178**

*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.*

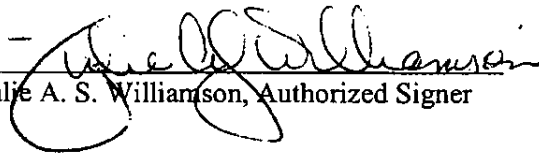
By: \_\_\_\_\_



Robert Baer, Registered Agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

  
\_\_\_\_\_  
Julie A. S. Williamson, Authorized Signer

(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.)

Julie A. S. Williamson  
\_\_\_\_\_  
Typed or printed name of signee