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. (Req	uestor's Name)		
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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sec Division of Corp		3.			
SUBJECT:	Name of Limite	ed Liability Company	LLC		
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	BRANKO	PAMICH Name of Person			
		Name of Ferson			
	Firm/Company				
80	1 S FET	SERAL HWY,	ST= 1108		
	_	Address			
POMPANO BENCH, FL 33062					
		y/State and Zip Code			
DVERMEZ@ \AHOO. (OM) E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
BRANKO T Name of		at (954) 655- Area Code & Daytime Telep	hone Number		
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability (Company is:
Principal Office Address: Mailing Address:	
801 S FEDERAL HWY SAME	-
YOHPANO BEACH FL 33062	- -
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or are business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Park Park	SECRE PARY ST TABLE ON VISION OF COMPONATION
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter	intment as ovisions of all ar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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.)

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)