

L10000073817Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6783

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003250
Phone : (405) 634-3674
Fax Number : (505) 634-3696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
margate office center llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

T. HAMPTON

JUL 14 2010

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07/13/2010 14:43

COVER LETTER

H10000160804

TO: Registration Section
Division of Corporations

SUBJECT: MARGATE OFFICE CENTER LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred E. Glickman, Esquire

Name of Person

Fred E. Glickman, P.A.

Firm/Company

9200 S. Dadeland Boulevard, Suite 608

Address

Miami, Florida 33156

City/State and Zip Code

fredglickmanpa@kwglawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred E. Glickman, Esquire

Name of Person

at (305)

670-0987 x-5

Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARGATE OFFICE CENTER LLC

(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:

1919 North State Road 7

Margate, Florida 33053

Mailing Address:

1919 North State Road 7

Margate, Florida 33053

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Fred E. Glickman, Esquire

Name

9200 S. Dadeland Boulevard, Suite 508

Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33156

FL

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jose E. Arias, as Trustee of the

Declaration of Trust of Jose E. Arias

20125 N.W. 67 Ave, Hialeah, FL 33015

MGRM

Vilma A. Arias, as Trustee of the

The Declaration of Trust of Vilma A. Arias

20125 N.W. 67 Ave, Hialeah, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Jose E. Arias

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)

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