1998800001

(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:
I CELLEDO

L. SELLERS

AUG 24 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co		
	4 0 E D	DODEDTY HOLDINGS	11.0
SUBJI	ECT: A&FP	ROPERTY HOLDINGS Name of Limite	ed Liability Company
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	ondence concerning this matt	er to the following:
	BRUCE GED	DES	
			Name of Person
	BRUCE GED	DES & ASSOCIATES IN	C
			Firm/Company
	16375 NE 18	AVE STE. 331	
			Address
	N MIAMI BEA	ACH FL. 33162	
		Cit	y/State and Zip Code
		E-mail address: (to be used)	or future annual report notification)
East 6	uthan infannation		
roriui	imer information	concerning this matter, please	can.
BRU	CE GEDDES		at (305) 957-1100
	Name	of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for	or the following amount:	
□ \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 ° E DDODEDT	V HOLDINGS H C	、
	Y HOLDINGS LLC	Liability Company, "L.L.C.," or "LLC.")
(HILLO)	ond was the words country	, allowing company, more, at more,
ARTICLE II - Add The mailing address		the principal office of the Limited Liability Company is:
Principal Office Ad	Idress:	Mailing Address:
16375 NE 18 AVE		16375 NE 18 AVE
SUITE 302		SUIT 302
N MIAMI BEACH, FL. 33	162	N MIAMI BEACH, FL. 33162
	ARYEH FRASER	the registered agent are:
		Name
•	16375 NE 18 AVE S	TE 302
	Florida str	eet address (P.O. Box <u>NOT</u> acceptable)
_	N MIAMI BEACH	FL 33162
	С	ity, State, and Zip
liability company registered agent and statutes relating to	y at the place designate d agree to act in this ca o the proper and compl	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

MANG 23 PM 3: 32
SECRETARY OF STATE

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

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

"MCD" - Managar	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORNI Managing Member	
MGMR	AREYEH FRASER
	16375 NE 18 AVE SUITE 302
	N MIAM! BEACH, FL. 33162
<u> </u>	
(I) 1 10	
(Use attachment if necessary)	
CLEV: Effective date if other than the	he date of filing: 08/19/2010 . (OPTIONAL
	be specific and cannot be more than five business days
enective date is listed, the date must	
	• · · · · · · · · · · · · · · · · · · ·
effective date is listed, the date must 90 days after the date of filing.)	•
	2
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90 days after the date of filing.)	and the
90 days after the date of filing.)	gyff -
90 days after the date of filing.) REQUIRED SIGNATURE:	and the
90 days after the date of filing.) REQUIRED SIGNATURE:	ber or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with:	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with:	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee