

L100000094907

(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:

**L. SELLERS**

SEP - 9 2010

**EXAMINER**

Office Use Only



100184971971

09/08/10--01013--007 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 8 PM 12:15

**FILED**

**LEVINE DESANTIS, LLC**

ATTORNEYS AT LAW

150 ESSEX STREET

SUITE 303

MILLBURN, NEW JERSEY 07041

TEL (973) 376-9050

FAX (973) 379-6898

**VIA UPS OVERNIGHT DELIVERY**

September 7, 2010

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: AH Filler Management, LLC  
Filing of Articles of Organization

To Whom It May Concern:

Enclosed please find the following documents for the filing of the Articles of Organization for the above Limited Liability Company:

1. Articles of Organization of AH Filler Management, LLC; and
2. Check made payable to the "Florida Department of State" in the amount of One Hundred Twenty-Five Dollars (\$125.00).

Please remit a copy of the Articles of Organization stamped "Filed", by facsimile, to the above listed fax number. Thank you for your assistance in this matter.

If you have any questions concerning the attached, please feel free to call me at (973) 376-9050.

Sincerely,  
LEVINE DESANTIS, LLC

*Shawn R. McClelland /BK*

SHAWN R. MCCLELLAND

SRM/bk  
Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AH FILLER MANAGEMENT, 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:

10205 Collins Avenue

Apartment 1201

Bal Harbor, Florida 33154

#### Mailing Address:

10205 Collins Avenue

Apartment 1201

Bal Harbor, Florida 33154

### 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:

Arlington H. Filler

Name

10205 Collins Avenue, Apartment 1201

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

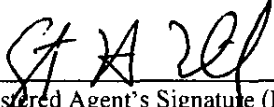
Bal Harbor

FL

33154

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)

Page 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 8 PM 12:15

FILED

**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

Arlington H. Filler

10205 Collins Avenue, Apartment 1201

Bal Harbor, Florida 33154

MGRM

Steven A. Filler

2 Fairway Court

Scotch Plains, New Jersey 07076

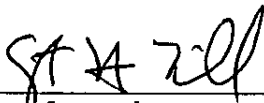
 

(Use attachment if necessary)

**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.)

Arlington H. Filler

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)**