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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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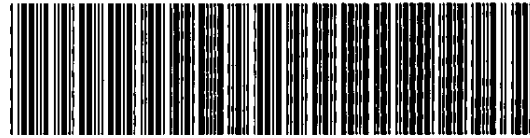
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 13 AM 10:27

T. HAMPTON

SEP 14 2010

EXAMINER

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TR BUILDING ASSOCIATES, 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:

Steven D. Braverman, P.A.  
8751 W. Broward Boulevard, Suite 206  
Plantation, FL 33324

For further information concerning this matter, please call:

Steven D. Braverman, Esquire  
(954) 474-5988

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

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TR BUILDING ASSOCIATES, LLC**

(Must end with the words Limited Liability Company, Limited Company or their abbreviation LLC, or L.C.,)

**ARTICLE II - Address:**

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

Principal Office Address:  
5150 S.W. 48<sup>th</sup> Way, #602  
Davie, FL 33314

Mailing Address:  
5150 S.W. 48<sup>th</sup> Way, #602  
Davie, FL 33314

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents 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:

STEVEN D. BRAVERMAN, ESQUIRE  
8751 West Broward Boulevard, Suite 206  
Plantation, FL 33324

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

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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:

MGR

Jennifer Samuels  
5150 S.W. 48<sup>th</sup> Way, #602  
Davie, FL 33314

(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:**

X Jennifer Samuels  
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.)

Jennifer Samuels  
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)