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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

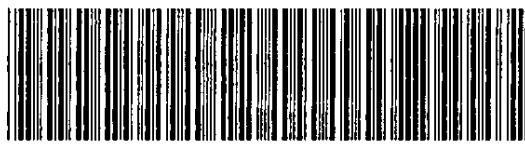
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR - 3 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monterrey Apartments, 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:

Marcy H. Kammerman, Esq.

Name of Person

The Kammerman Law Group, P.A.

Firm/Company

790 East Broward Boulevard, Suite 201

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

dpezza@beachwold.com

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

For further information concerning this matter, please call:

Robert P. Rothenberg

Name of Person

at 212 949-5000

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Fee, & Status &c
py
(py is enclosed)

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:

Monterrey Apartments, 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:

c/o Beachwold Residential
192 Lexington Avenue, 15th Floor
New York, New York 10016

Mailing Address:

c/o Beachwold Residential
192 Lexington Avenue, 15th Floor
New York, New York 10016

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:

The Kammerman Law Group, P.A.

Name

Attention: Marcy H. Kammerman, Esq., 790 East Broward Boulevard, Suite 201

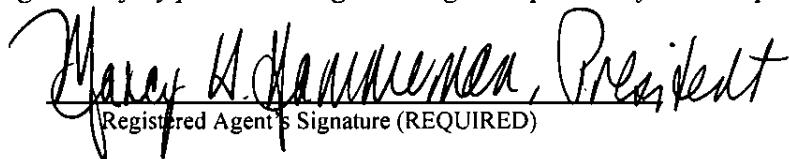
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33301

City, State, and Zip

REC'D BY
FLORIDA
REGISTERED
AGENTS
SECTION
OF
STATE
OF
FLORIDA
4
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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..


Marcy H. Kammerman, President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Robert P. Rothenberg

192 Lexington Avenue, 15th Floor

1000 BROADWAY, NEW YORK, NEW YORK 10016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marcy H. Kammerman, as Attorney-in-fact

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)

\$ 50.00 Certified Copy (Optional)

§ 3.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Instrument Prepared By:
MARCY H. KAMMERMAN, ESQ.
THE KAMMERMAN LAW GROUP, P.A.
790 EAST BROWARD BOULEVARD
SUITE 201
FORT LAUDERDALE, FLORIDA 33301

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

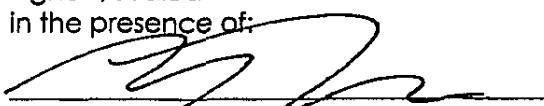
THAT I, **ROBERT P. ROTHENBERG**, have made, constituted and appointed, and by these presents do make, constitute and appoint **MARCY H. KAMMERMAN**, my true and lawful attorney for me and in my name, place and stead, to execute any and all documents in my behalf to effectuate the formation of the following Florida limited liability company:

MONTERREY APARTMENTS, LLC

Giving and granting unto my said attorney full power and authority to execute the Articles of Organization as the authorized representative of member for the formation of Monterrey Apartments, LLC, to be filed with the Florida Department of State, as fully, to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or her substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1 day of **March, 2011**.

Signed, sealed and delivered
in the presence of:


Witness

David J. Pezza
Printed Witness Name


Witness

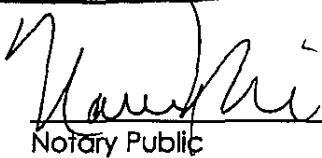
Eileen Green
Printed Witness Name


ROBERT P. ROTHENBERG

2011 MAR -2 AM 9: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW YORK
COUNTY OF New York

THE FOREGOING INSTRUMENT was acknowledged before me this 1 day of March,
2011, by Robert P. Rothenberg, who is personally known to me or has produced
as identification.


Nancy Miller

Notary Public

Nancy Miller

Printed Notary Name

My Commission Expires:

NANCY MILLER
NOTARY PUBLIC-STATE OF NEW YORK
No. 02MI5056518
Qualified in New York County
My Commission Expires April 28, 2014

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NOTARY PUBLIC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA