

L110VVVV43445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 11 AM 10:06

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY

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SECRETARY OF CORP. AFF.  
11 APR 11 AM 10:05

## PICK ONE:

\_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY \_\_\_\_ C.U.S.

## FILING:

\_\_\_\_ CORPORATION \_\_\_\_ LLC \_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_ GENERAL PARTNERSHIP

\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICEMARK/TRADEMARK \_\_\_\_ AMENDMENT

\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_ JUDGMENT LIEN

\_\_\_\_ OTHER \_\_\_\_\_

## RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY

Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1705 Whitehall 405, LLC, a Florida Limited Liability Company

(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:**

4000 Hollywood Boulevard, Suite 500 North  
Hollywood, Florida 33021

**Mailing Address:**

4000 Hollywood Boulevard, Suite 500 North  
Hollywood, Florida 33021

**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:

Jerald C. Cantor

Name

4000 Hollywood Blvd., Suite 500 North

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

Hollywood

FL 33021

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

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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

Avram Tezartes

6051 N. Ocean Drive #1605

Hollywood, Florida 33019

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Jerald C. Cantor

\_\_\_\_\_  
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)**