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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Advanced Incorporating Service, Inc. 1317 California Street Phone: 850-222-CORP Fax: 850-575-2724 P.O. Box 20396 Tallahassee, FL 32316 Email: orders@advancedincorporat Website: www.advancedincorporatine FOR OFFICE USE ONLY **PICK ONE:** CERTIFIED COPY 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 **APOSTILLE/CERTIFICATION REQUEST:**

Amount of Documents______

DATE ______/_/// TIME _/2:00

Notes:

Country_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP.

ARTICLE I - Name:

The name of the Limited Liability Company is:

1711 Whitehall 104, LLC, a Florida Limited Liability Company

(Must end with the words "Limited Liability Company, "L.I.,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:	Mailing Address:	
4000 Hollywood Boulevard, Suite 500-N	4000 Hollywood Boulevard, Suite 500-N	
Hollywood, Florida 33021	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

[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. Ca	antor
	Name
4000 Hollyw	vood Blvd., Suite 500-N
	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

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 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: (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.) 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)