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2011 JUN 13 PM 124 25 SECRETARY OF STATE

T. CLINE

JUN 15 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Finst and Fifty-Finst 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:	
Charles J Berk Name of Person	
Firm/Company First and Fifty-First	;+LC
25100 S.W. 147 Avenue	
Homestead, Florida 33032 City/State and Zip Code C-B-SPARKEY & MSN. Com E-mail address: (to be sed for future annual report notification)	
C. B- SPARKEY Q MSN. COM Es &	
E-mail address: (to be sed for future annual report notification) For further information concerning this matter, please call:	Ì
Charles J. Berk at (305) 872-5960 Fig. Williams of Person Area Code & Daytime Telephone Number Fig. 305	
Enclosed is a check for the following amount:	
125.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 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:	
First and Fifty-f (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
25100 8W 147 AUG HOMESTEND FC 83032	First and Fifty-First LLC 25100 S.W. 1471 Avenue Homestead, Florida 33032
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are: SECRETARY ALLAHASSE
Homestead	ess (P.O. Box NOT acceptable) FL 33032 e, 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)

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an arthorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

. (OPTIONAL)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

ARTICLE V: Effective date, if other than the date of filing: \\ \sqrt{\text{UNE 09.2011}}

\$ 5.00 Certificate of Status (Optional)