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D. BRUCE

AUG 15 2011

EXAMINER

COVER LETTER

T		egistration vision of	Section Corporations							
S	UBJECT:	. <u>71-7</u>	3 Keene Stree	t, LLC	;					•
			Name of	Limited	Liability Comp	pany				•
			of Organization and fee							
P	lease retur	n all corre	spondence concerning th	is matter t	to the following	ıg:				
	Ga	ail C. I	Meyers							
		<u> </u>		Na	me of Person				 ,	
	M	eyers	& Associate, C	PA, F	PA				,	
	******			Fi	rm/Company					
•	45	540 PC	SA Boulevard, S	Suite 2	216					
				44*	Address			200	=	
•	Pal	m Bea	ch Gardens, FL	3341	8			HA 1233C	<u> </u>	100.57
	me	yers@ı	meyerscpa.com	City/St	tate and Zip Cod	ie		ARY O	2	П
			E-mail address: (to be	used for f	uture annual rep	port notification)			
Fo	or further	informatio	n concerning this matter,	please ca	11:			STATE FLORIDA	d: 27	-
G	ail C. I	Meyers		91	_{:(} 561	249-171	2 .	12		
_		Nam	e of Person	a		le & Daytime To	elephone Numbe	er		
E	nclosed is	s a check	for the following amou	ınt:						
√ \$12	25.00 Fili	ng Fee	\$130.00 Filing Fee Certificate of Stat		\$155.00 Fili Certified Co (additional co	•	\$160.00 I Certificat Certified (additional	e of Stat Copy	us &)
			Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323		Registra Division Clifton I 2661 Ex	Courier Addression Section of Corporation Building secutive Center See, FL 32301	ons r Circle		-	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CI	F I	F _ ?	Nam	Δ.
AKI		ır.	l - I	чяш	e :

The name of the Limited Liability Company is:

71-73 Keene Street, 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:	Mailing Address:
700 South Olive Avenue West Palm Beach FL, 33414	C/O Meyers & Associate, CPA, PA 4540 PGA Boulevard, Suite 216 Palm Beach Gardens, FL 33418
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Gail C. Meyers	red Office, & Registered Agent's Signatures egistered Agent. You must designate an individual for another the registered agent are: The registered agent are: The registered agent are:
Nai	me and the second secon
4540 PGA Boul	evard, Suite 216
Florida street	address (P.O. Box NOT acceptable)
Palm Beach Garden	s _{FL} 33418
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

EFFECTIVE DATE 8/10/11

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
	•
MGRM	Peter Halmos & Sons, Inc.
	700 South Olive Avenue
	West Palm Beach, FL 33418
·	
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	than the date of filing: 8/10/11 . (OPTIONAL
LE V: Effective date, if other	than the date of filing: 8/10/11 . (OPTIONAL must be specific and cannot be more than five business days
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ARTICLE IV- Manager(s) or Managing Member(s):