# L11000096854

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

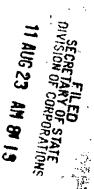
B. KOHR

AUG 2 4 2011

**EXAMINER** 



000209777810



### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/23/2011

NAME:

FLORIDA TRUST FUND PENSIONS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN:

**CERTIFIED COPY** 

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA TRUST FUND PENSIONS, 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:

Mosne Lennie	810		_
		Name of Person	
Greenberg Tr	aurig, P.A.		
		Firm/Company	
333 Avenue o	of the Americas		
<del> </del>		Address	
Miami, FL 33			
	Ci	ty/State and Zip Code	
lehrfieldm@gt			
	E-mail address: (to be used	for future annual report notification)	,
For further information	concerning this matter, pleas	e call:	
Karen Rodriguez		_at ( 770 ) 777-2091	
Nama	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	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, PL 32301

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## FLORIDA TRUST FUND PENSIONS, 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:

Mallian Address.

Frincipal Office Augress:	Maning Address:	
3121 West Hallandale Boach Blvd.	3121 West Hallandale Beach Blvd.	
Sulte 102	Suite 102	•
Pembroke Park, FL 33009	Pembroke Park, FL 33009	•
		•

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:

NRAI Services, Inc.

NRAI Services, Ir	10
	Name
515 East Park Av	renue
Plo	rida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	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 (REQUIRER)

(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 Florida Trust Fund Pensions Managers, LLC 3121 West Hallandale Beach Blvd., S. 102 Pembroke Park, FL 33009 (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.) Moshe Lehrfield Typed or printed name of signee Filing Fees:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certifled Copy (Optional)
\$ 5.00 Certificate of Status (Optional)