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(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	<u>, #)</u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	

Special Instructions to Filing Officer:

A. LUNT

SEP 30 2011

EXAMINER

Office Use Only



100212515081

09/29/11--01006--035 **130.00

COVER LETTER

TO;	Registration Section Division of Corporations							
SUBJ	FCT. N2440R, LLC							
5010		Name of Limited L	iability Compa	ny				
The en	closed Articles of Organizatio	n and fee(s) are subr	nitted for filing					
Please	return all correspondence con-	cerning this matter to	the following:					
	Patricia Petrone							
		Nar	ne of Person					
		Fin	n/Company					
			ii/Company					
	2650 NE 47th Str	eet		·		Z	<u>~~</u>	
			Address		j		=	
	Lighthouse Point, F	L 33064				A TO	9EP 239	7
		City/Sta	te and Zip Code		i C	25	8	֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֝֓֓֓֝֝֝֡֝֝֡֝֝֡֝֝֡֝֝֡֝֝
	redfoxdiner@comcas	st.net lress: (to be used for fu	1			no non	7	_ [7
	E-man aug	ress: (to be used for to	пите аппиат герог	it notification)	E		မ	C
For fur	rther information concerning the	iis matter, please cal	l:		WDA A	斜	*	
Patty	y Petrone	at	<u>(954 </u>)	553-0887				
	Name of Person		Area Code	& Daytime Telep	hone Number			
Enclo	sed is a check for the follow	ing amount:						
\$125.00	O Filing Fee (\$130.00 F Certifica	iling Fee & te of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Fili Certificate of Certified Co (additional co	of Stat	us &	
	P.O. Box	n Section f Corporations	Registration of Clifton Bu	of Corporations	ircle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Zimice Enacing Company is:	
N2440R, LLC	
(Must end with the words 'Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2650 NE 47th Street	2650 NE 47th Street
Lighthouse Point, FL 33064	Lighthouse Point, FL 33064
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Patricia Petrone	AHASSE
Name	SS SS
2650 NE 47th Stre	eet mo L
Florida street addr	ess (P.O. Box NOT acceptable)
Lighthouse Pt	FL 33064
City, Stat	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):

The name and address of each Manager or Managing Member is as follows:

WOIGHT WILLIAMS IN	Name and Address: Member
MGR	Louis Petrone
	2650 NE 47th Street
	Lighthouse Pt, FL 33064
MGRM	Patricia Petrone
	2650 NE 47th Street
	Lighthouse Pt, FL 33064
MGRM	Iva Meadows
moi un	1225 North B Street
	Lake Worth, FL 33460-2046
	777
	<u> 59</u>
	>
ffective date is listed, the days after the date of fil REQUIRED SIGNATU Signatu	other than the date of filing: (OPTIC date must be specific and cannot be more than five business ling.)

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)