## L11000132122

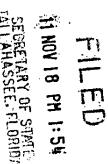
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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J. BRYAN

NOV 2 1 2011

**EXAMINER** 

## **COVER LETTER**

Registration Section

Division of C	Corporations				
SUBJECT:	LEFT	TAIL, LI	LC		
30000C1.	Name of Limite	d Liability Con	npany		<del></del>
The enclosed Articles	of Organization and fee(s) are s	ubmitted for fil	ling.		
Please return all corre	spondence concerning this matte	er to the follow	ing:		
	DANI	EL PERCZI	≅K		
		Name of Person			
					器堂.
<del></del>		Firm/Company		,	NOV 18 PH
	1150 E. Hallandal	e Beach I	31vd., Sui	te B	SER C
		Address			70
					25
	Hallandale, Flori	State and Zip C			<u> </u>
	_	•	Juc		
	Perczek@atlanticb E-mail address: (to be used for	r future annual r	eport notification)	· · · · · · · · · · · · · · · · · · ·	
For further information	n concerning this matter, please	call:			
Donald J. Kahi		at (	865-4311		
Name	e of Person	Area Co	ode & Daytime Tel	ephone Number	•
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	ling Fee & [ Copy opy is enclosed)	Certified (	of Status &
	Mailing Address Registration Section Division of Corporations	Registr	Courier Address ration Section on of Corporation	-	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton	Building Executive Center		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	題直
The name of the Limited Liability Company is:	
	The Paris
LEFT TA	He LLC
(Must end with the words "Limited Liabilit	-0.53
ADTRICLE H. A.D.	
ARTICLE II - Address:  The mailing address and street address of the price.	ncipal office of the Limited Liability Company is:
The maining address and street address of the pri-	neipar office of the Elimited Elability Company is:
Principal Office Address:	Mailing Address:
1150 E. Hallandale Beach Blvd Suite B	1150 E. Hallandale Beach Blvd Suite B
Hallandale Beach, Florida 33009	Hallandale Beach, Florida 33009
business entity with an active Florida registration.)  The name and the Florida street address of the re  Donald J	gistered agent are:  . Kahn, Esq.
Name	-
317 71s	t Street
Florida street addr	ess (P.O. Box NOT acceptable)
MIami Beach	FL 33141
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registered.  Registered Agent's Signature.	
<b>CONTINU</b>	, LD)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	Name and Address.
"MGRM" = Managing Member	P T
	ma z c
MGRM	anager or Managing Member is as follows:  Name and Address:  Daniel Perczek
t	1150 E. Hallandale Bch Blvd Snife B
	Hallandale Beach, FL 33009
MGRM	Harry Dornhyach
110111	<u>Harry Dornbusch</u> 1150 E Hallandale Bch Blvd Suite B
	Hallandale Beach, FL 33009
MGRM	Henry Nasser
	1150 E Hallandale Bch Blvd Suite B
	Hallandale Bch FL 33009 ———
(Use attachment if necessary)  TICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
TICLE V: Effective date, if other than	the date of filing: (OPTIONAL) set be specific and cannot be more than five business days prior
TICLE V: Effective date, if other than	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior
TICLE V: Effective date, if other than an effective date is listed, the date mu	a the date of filing: (OPTIONAL)  set be specific and cannot be more than five business days prior
TICLE V: Effective date, if other than an effective date is listed, the date mu or 90 days after the date of filing.)	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior
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TICLE V: Effective date, if other than an effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior  mber or an authorized representative of a member.
TICLE V: Effective date, if other than an effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of the constitutes an affirmation of the constitutes are affirmation of the const	ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
TICLE V: Effective date, if other than an effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of 1 am aware that any false in	ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  1 information submitted in a document to the Department of State
TICLE V: Effective date, if other than an effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation of 1 am aware that any false in	ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)