L 12 000029938

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	٠	

Office-Use Only

MAR 2 2012

EXAMNER



400223083874

02/29/12--01013--012 **125.00

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Salzman management services, LCC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Terrence Salaman Number of Person Firm/Company
	Firm/Company 9
	SSO Paim blud
	Weston, Fl 33326 City/State and Zip Code
-	tsalaman @ Salamanvea · com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Kn	1Stal Rodrigue 2 at (954) 156-3920 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certified Copy}}\$\int_{\text{\$155.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy}}\$\int_{\text{\$additional copy is enclosed}}\$\int_{\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy}}\$\int_{\text{\$additional copy is enclosed}}\$\int_{\text{\$160.00 Filing Fee, Certified Copy}}\$\int_{\text{\$160.00 Filing Fee, Certified Copy}}\$\int_{\$160.00 Filing Fe
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

alzman Real Estate Advisor, uc

SSO POLIM BIVO
Florida street address (P.O. Box NOT acceptable)

Weston FL 33326 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)

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 (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. I am aware that any false information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Terrence Salaman
Typed or printed name of signee