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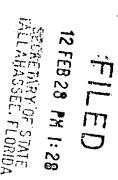
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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D. BRUCE

MAR 29 2012

EXAMINER

COVER LETTER

TO:

Registration Section

SUBJECT: deal estate ma	Name of Limited Liability Company		
The enclosed Articles of Organization	and fee(s) are submitted for filing.		
Please return all correspondence conce	erning this matter to the following:		
Amos shachar		_	
	Name of Person		
	Firm/Company	_	
3672 ne 167st			
	Address	_	
n. Miami beach, FL	. 33160		
	City/State and Zip Code		
amromiami@aol.com		2	
E-mail addr	ess: (to be used for future annual report notification)	<u> </u>	T
For further information concerning thi	s matter, please call:	28	e Jane
Amos shachar	at (786) 3263636	₹ [- 0	T
Name of Person	Area Code & Daytime Telephone Number	 ©	
Enclosed is a check for the following			
\$125.00 Filing Fee \$130.00 File Certificate			
Mailing Ad	dress Street/Courier Address		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
deal estate management llc		
(Must end with the words "Limited Liabilit	ty 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:	
Amos shachar	amos shachar	
3672 ne 167 st	3672 ne 167st	
n. Miami beach, FL. 33160	n. miami beach, fl. 33160	
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 Amos shachar	ered Agent. You must designate an individual or another	
Name	TS -	C
3672 ne 167st.	ATE:	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
n. Miami beach	_{FL} 33160	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgr	Ron krell
	853 7th Ave, 9d
	new York, NY. 10019
mgr	Amos shachar
	3672 ne 167st
	n. Miami beach, FL. 33160
	FEB 28
	or w
	FIG. 7
** the time.	
effective date is listed, the date m 90 days after the date of filing.)	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	//w
Signature of a n	nember or an authorized representative of a member.
(In accordance with secti- constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
Amos Sha	
***************************************	Typed or printed name of signee
Filing Fees:	•

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)