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SECRETARY OF STATE
ALL ABASSES ET COM

C. LEWIS

APR 1 6 2012

EXAMINER

### GOREN, CHEROF, DOODY & EZROL, P.A.

ATTORNEYS AT LAW

**SUITE 200** 

3099 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FLORIDA 33308

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STEVEN L. JOSIAS, OF COUNSEL

PLEASE REPLY TO FORT LAUDERDALE

April 12, 2012

#### Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for Levy & Family Enterprises, LLC

To Whom It May Concern:

Please find enclosed the following materials for filing a new LLC for the above referenced entity:

- 1. Cover Letter:
- 2. Articles of Organization and Designation of Registered Agent; and
- 3. A check in the amount of \$125.00 payable to the Florida Department of State.

Please contact our office if you have any questions. Thank you for your prompt attention to this matter.

KLE:bp Enclosures

#### **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** SUBJECT: LEVY & FAMILY ENTERPRISES, 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: Kerry L. Ezrol, Esq. Name of Person Goren, Cherof, Doody & Ezrol, P.A. Firm/Company 3099 East Commercial Boulevard, Suite 200 Address Fort Lauderdale, FL 33308 City/State and Zip Code kezrol@cityatty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kerry L. Ezrol, Esq. at (954) 771-4500 Name of Person/Area Code & Daytime Telephone Number

Mailing Address

Enclosed is a check for the following amount: \$125.00

\$125.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLE I	l - Name:
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The name of the Limited Liability Company is:

#### LEVY & FAMILY ENTERPRISES, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**Principal Office Address:** 

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

Mailing Address:

	- · · · · · · · · · · · · · · · · · · ·
5965 N.W. 99 <sup>th</sup> Way	_5965 N.W. 99 <sup>th</sup> Way
Parkland, Florida 33076	Parkland, Florida 33076

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:

Ms. Melanie Levy 11834 Wiles Road Coral Springs, FL 33076

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.

(CONTINUED)

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## ARTICLE IV- Manager(s) or Managing Member(s):

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

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Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	Heather Levy 5965 N.W. 99th Way	
	Parkland, Florida 33076	
MGR	Harry Levy	
	1194 Hillsboro Mile Hillsboro Beach, FL 33062	
MGR	Matthew Levy 5965 N.W. 99 <sup>th</sup> Way	
	Parkland, Florida 33076	
(Use attachment if necessary)	described for a CCU and	(OPTIONIAL)
	than the date of filing: must be specific and cannot be more than	
REQUIRED SIGNATURE:		
	MA	
(In accordance with seconstitutes an affirmat I am aware that any faconstitutes a third degr	a member or an authorized representative of a metric of 608.408(3), Florida Statutes, the execution of to ion under the penalties of perjury that the facts state lise information submitted in a document to the Departure felony as provided for in s.817.155, F.S.)	this document d herein are true.
He	Typed or printed name of signee	

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)