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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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B. KOHR

JUN-4 2012

EXAMINER



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12 JUN - 1 PH 3: 08

1805 Ponce de Leon Blvd #710 Coral Gables, FL 33134

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: The Voters, LLC.

Dear Sir or Madam:

Please find enclosed an application for a Florida LLC to be named The Voters, LLC. and check #3775 in the amount of \$155. to cover the fee for filing and the Certified Copy.

Very truly yours,

Stanton G. Levin Stanton G. Levin, PA

305 666-7341

COVER LETTER

TO:

Registration Section

Division of Corporations	, eq. c
SUBJECT: The Voters Name of Limite	d Liability Company submitted for filing. er to the following:
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matte	er to the following:
•	_
Lee Levin	Name of Person
-	
	Firm/Company
1951 NW 167+	
	Address
Pembroke Pines City drums@comco E-mail address: (to be used for	. FL 33028
City	/State and Zip Code
dring @ come	nst not
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
1	071/ 000
Lee Levin	at (954) 290 - 0830 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 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:		
The Voters, LLC. (Must end with the words "Limited Liability 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:	
1951 NW 167th Av Pembroke Pines, FL 33028	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
Stanton G. Levin, PA #235539 Name		
1805 Pance de Leon Blvd #7/0 Florida street address (P.O. Box NOT acceptable)		
Coral Gables FL 33134 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 Signatu	are (REQUIRED)	
Stanton G. Levin # 235539 (CONTINUED)		
(COMING)	owo,	

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:
MGRM	Lee Levin 1951 NW 167 +h Av Pembroke Pines, FL 33028
MGRM	Cristian Band 1407 Moffett St Hollywood, FL 33020
(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.)

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

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)

#135539