

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 : (850)878-5368 Fax Number

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Email Address:

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FLORIDA LIMITED LIABILITY CO. 5543 WANETA PLACE, LLC

Certificate of Status	0
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Page Count	04
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CT CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 5543 Waneta Place, L	LC	•
	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Charles Cherkes		
	Nume of Person	•
5543 Waneta Place, LLC		
	Firm/Company	'
1026 Fawn Stree, Apartme	ent 202	_
	Address	
Baltimore, MD 21202		
· Cit	ty/State and Zip Code	
E-mail address: (to be used i	for future annual report notification)	- .
For further information concerning this matter, please	e cail:	
Charles Cherkes	at (443 802-2402	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed))
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	12 AUG -6 AM

08/06/2012 14:47 8656336092

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
5543 Wa	neta Place, 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1026 Fawn Street, Apartment 202 Baltimore, MD 21202

1026 Fawn Street, Apartment 202 Baltimore, MD 21202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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:

Charles Cherkes

Name

9397 Midnight Pass Road, Unit 603

Florida street address (P.O. Box NOT acceptable)

Sarasota

FL 34242 City, State, and Zip Having been named as registered agent and to accept service of process for the above staked 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)

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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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Charles Charkes 1026 Fawn Street, Apartment 202 Baltimore, MD 21202 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Upon 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 parjury 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 8.817.155, F.S.) Charles Cherkes Typed or printed name of signce Filing Poes: \$125.00 Filing Fee for Articles of Organization and Designation

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