## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVI

Account Number : 075350000353

; (212) 431-5000

Fax Number

: (212)431-1441

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address:

## FLORIDA LIMITED LIABILITY CO. 125 WEST 70TH LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

AUG 29 2012

Fax:888-692-9256

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ARTICLE I - Name:	•	
The name of the Limited Liability Con	трапу is:	·
	,	
125 West 70th LLC		
ARTICLE II - Address;		`
	s of the principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
18401 Pine Nut Court	18401 Pine Nut Court	
Lehigh Acres, FL 33972	Lehigh Acres, FL 33972	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signat	ure:
The name and the Florida street addre	ss of the registered agent are:	

Name

18401 Pine Nut Court

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

Lehigh Acres, FL 33972

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

(CONTINUED)

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P. S. MIG DO M. T. SW.

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Lori Ann Vincent, 14619 Bester Boulevard
	Pacific Palisades, CA 90272
MGRM	Edward William Flanagan, Jr. 18401 Pine Nut
	Court, Lehigh Acres, FL 33972
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

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.)

Edward Flanagan, Organizer

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)

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