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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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EXAMINER



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ACCOUNT NO. : I2000000195

	REFERENCE	: 369292	4302440	
7	AUTHORIZATION	Smelle	enan	
	COST LIMIT	: (\$\130.0	_	
ORDER DATE :	October 3,	2012		
ORDER TIME :	1:46 PM			
ORDER NO. :	369292-010			
CUSTOMER NO:	4302440			
	DOMESTIC	FILING		
NAME:		T 1508, 208	80 SOUTH	

EFFECTIVE DATE:

xx	ARTICLE	ES OI	F ORGANIZAT	CIOI	Ŋ		
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
XX			MPED COPY	STZ	ANDTNG		

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

COVER LETTER

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IX.
sed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Apartment 1508, 2080 South Ocean Drive, 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:		
1800 Atlantic Blvd.	1800 Atlantic Blvd.		
Apartment C-241	Apartment C-241		
Key West, FL 33040	Key West, FL 33040		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of	wn Registered Agent. You must designate an indivi	idual or another	3
Thomas Rechste	•	SECRETA OCT	
····	Name	SS	S STEMBRE
1800 Atlantic	Blvd, Apt. C-241	E o	i
Florida s	treet address (P.O. Box NOT acceptable)	FLO	
Key West	_{FL} 33040	STATE STATE LORIDA	
-	City, State, and Zip	Ď''' Ť	

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)

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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOKM - Managing Member	
MGRM	Guenter Rechsteiner
	1800 Atiantic Boulevard, Apartment A-401
	Key West, Florida 33040
•	
	
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: (OPTION nust be specific and cannot be more than five business da
ffective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: (In accordance with sectionstitutes an affirmation I am aware that any false)	nust be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree	number or an authorized representative of a member. con 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.

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)