

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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Division of Corporations Fax Number: (850)617-6383 om: Account Name: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number: 075350000353 Phone: (212)431-5000 Fax Number: (212)431-1441 email address for this business entity to be used for future report mailings. Enter only one email address please.** Address:		OT hit the REFRESH Doing so wil	l generate another	cover shee	t.	· · · · · · · · · · · · · · · · · · ·	***
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Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

11/6/2012

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1875 RIVERSIDE 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:	HAS.	₹ -
221 THELMA AVENUE	221 THELMA AVENUE	,Fm	ين.
MERRICK, NY 11586	MERRICK, NY 11586	1,00	3 7.
		100 miles (2)	3
		32.7	Τ 48ν
	Registered Office, & Registered Agent's S		4

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 Plorida street address of the registered agent are:

ROSEMARY SULLIVA	AN ZINS			
N	iame			
1875 RIVERSIDE DR	UVE			· _; ·
Florida stro	et address (F	.O. Box <u>NC</u>	T acce	ptáble)
ENGLEWOOD	EL	34223	,	_
Cit	ly, State, and	d 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.

X
Resoluted Agent's Signature (REQUIRED)

(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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGR	ROSEMARY SULLIVAN ZINS	
	221 THELMA AVENUE	
	MERRICK, NY 11566	

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(Use attachment if necessary)	1	EE S
ARTICLE V: Effective date, if other than the o	late of filing:	(OPTIONAL)
(If an effective date is listed, the date must be		
to or 90 days after the date of filing.)	•	
REQUIRED SIGNATURE:	•	
MEDUTADO BIGINAL CION		

Signature in 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.)

ROSEMARY SULLIVAN ZINS

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)