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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
		
(Cil	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	ne)
,000	emood Emay Man	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2012 NOV 30 PM 2: 38
SECRETARY OF STATE

J. BRYAN

DEC - 3 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Division of C			
220	4 McKinley LL	C	
SUBJECT: ZZO		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are		
Please return all corres	spondence concerning this mat	tter to the following:	
Mihail	Barac	Name of Person	
		Name of Person	ľ
2204 N	1cKinley LLC	A PA	. 1
		Firm/Company	ب پي
1108 V	Vashington St	reet	Ç.
Hollyw	ood, FL 33019		
happine	essinexcess@gr	ty/State and Zip Code	
паррито		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Mihail Bar	ac	, 954 793-9228	
Name	e 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 (additional copy is enclosed) Certificate of Status & 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

ί,,,

ADVERCE DE L. N.	8
ARTICLE I - Name: The name of the Limited Liability Company is:	TALLAHASS
2204 McKinley LLC	30 P
(Must end with the words "Limited Liabilit	
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:
1108 Washington Street	1108 Washington Street
Hollywood, FL 33019	Hollywood, FL 33019
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	
Mihail Barac	
Name	
1108 Washington Street	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Holly	ψρod, FL 33019
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with

Registered Agent's Signature (REOUIRED)

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:

MGR	Mihail Barac	35/2
	1108 Washington Street	
	Hollywood, FL 33019	SECRETARY OF STATE TALLAHASSEE. LURIO
		Emi Pri
(Use attachment if necessary)		
•		
LE V: Effective date, if other than the	date of filing:	(OPTIONAL
ffective date is listed, the date mus or 90 days after the date of filing.)	t be specific and cannot be more	than five business
or 30 days after the date of filling.)		

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.)

Mihail Barac

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)