## L1200 015090/

(Requestor	r's Name)
(Address)	
(Address)	
(City/State/	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	ifficer:

Office Use Only



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11/30/12--01018--025 \*\*125.00



B. BOSTICK

DEC - 3 2012

**EXAMINER** 

## COVER LETTER

TO:	Registration of	Corporations :		, <b>v</b>
SUBJ	ECT: MB4	4 Properties, LLC		
		Name of Limite	d Liability Company	
The er	nclosed Article	es of Organization and fee(s) are s	submitted for filing.	
Please	return all corr	respondence concerning this matte	er to the following:	
	Mel Og			
			Name of Person	
	MB4 Pi	roperties, LLC		
			Firm/Company	
	10791	Avenida Santa Ana		
	-		Address	
	Boca Ra	ton, FL 33498		4
		City	/State and Zip Code	<b>7</b> ≥≤ =
	zayde6@			
		E-mail address: (to be used to	or future annual report notification)	AASS OV 30
For fu	rther informati	ion concerning this matter, please	'S61 445 !	
Mel	Ogrin		at (561 ) 493-2536	
	Na	me of Person	Area Code & Daytime Telep	phone Number Rich 25
Enclo	sed is a checl	k for the following amount:		
	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
MB4 Properties, LLC	
(Must end with the words "Limited Lia	ability 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:
10791 Avenida Santa Ana	10791 Avenida Santa Ana
Boca Raton, FL 33498	Boca Raton, FL 33498
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Mel Ogrin	

Name
10791 Avenida Santa Ana

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

Boca Raton,

<sub>FL</sub> 33498

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 (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGMR	Mel Ogrin 10791 Avenida Santa Ana
	Boca Raton, FL 33498
<del></del>	
	ALL MAN SECRET
	ASSE SSE
	<u>्र</u>
(Use attachment if necessary)	
	date of filing: (OPTIONA specific and cannot be more than five business day
REQUIRED SIGNATURE:	Mel Ogni
_	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document
thi accordance with section observed	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)

Typed or printed name of signee