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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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SECRETARY OF STATE ALLAMASSEE, FLORID

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COVER LETTER

TO: Registration Section **Division of Corporations**

Avivi Marketing, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Harris Avivi

Name of Person

Avivi Marketing, LLC.

Firm/Company

10728 Maple Chase Drive

Address

Boca Raton, FL 33498

City/State and Zip Code

samanthaavivi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Harris Avivi

Name 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 & 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 Tailahassee, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words "Limited Li | iability 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: |
| 10728 Maple Chase Drive, Boca Raton, FL 33498 | 10728 Maple Chase Drive, Boca Raton, FL 33498 |
| | red Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | egistered Agent. You must designate an individual or mother |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Samantha Harris Avivi | registered Agent. You must designate an individual or mother to the registered agent are: |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Samantha Harris Avivi | registered Agent. You must designate an individual or another to the registered agent are: |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Samantha Harris Avivi Na 10728 Maples Chase Drive | registered Agent. You must designate an individual or mother to the registered agent are: |

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 Ageht'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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Samantha Harris Avivi 10728 Maple Chase Drive Boca Raton, FL 33498 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

(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.)

Samantha H Avivi
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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