

L13000084083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

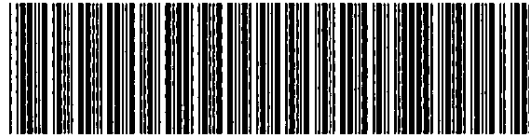
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/13--01034--008 **130.00

EFFECTIVE DATE

2/1/13

FILED

2013 JUN 10 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan JUN 11 2013

(850) 245-6051, ..

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Twin Lakes Plaza, L.L.C
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:

William L. McKenna Jr

Name of Person

Realty Financial Corporation

Firm/Company

17 Sunset Park

Address

Upper Montclair / NJ 07043

City/State and Zip Code

billmckennajr@hotmail.com

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

For further information concerning this matter, please call:

William L McKenna Jr at **(973) 233-1030**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twin Lakes Plaza, L.L.C

(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:

17 Sunset Park

Upper Montclair, NJ 07043

Mailing Address:

17 Sunset Park

Upper Montclair, N.J 07043

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 Florida street address of the registered agent are:

Bruce Strumpf, Inc

Name

2120 Drew Street

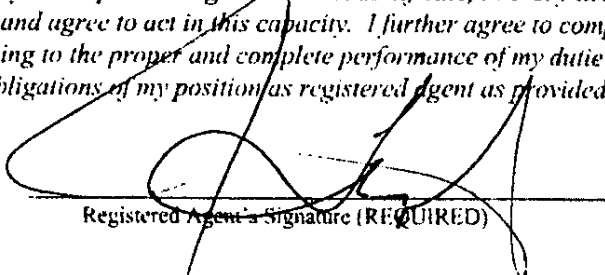
Florida street address (P.O. Box NOT acceptable)

Clearwater

FL 33765

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mgrm

William McKenna Jr

17 Sunset Park

Upper Montclair, N.J 07043

Mgrm

Ryan P McKenna

17 Sunset Park

Upper Montclair, N.J 07043

Mgrm

Christina Kriens

17 Sunset Park

Upper Montclair, N.J 07043

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1, 2013. (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:


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.)

William L McKenna Jr

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)