# #13000/03299

(Requestor'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 Officer:				

Office Use Only



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(850) 245-6051.

### **COVER LETTER**

TO:	Registration : Division of Co			
SUBJ	<sub>вст:</sub> 55th	Avenue Rea	ty, LLC	
		Name of Limi	ed Liability Company	
The e	nclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Picase	retum all corresp	pondence concerning this mat	er to the following:	
	Irene C	olsky		
	And Course to be the second and a stage observations are only		Name of Person	
	·	***************************************		
4	0000 0	144 EQ A	Firm/Company	
	8220 S	W 52 Avenue		
			Address	
	Miami,	Florida 33143		
		Ci	y/State and Zip Code	
		E-mail address: (to be used	or future annual report notificati	on)
For fu	rther information	concerning this matter, please	call:	
Ire	ne Colsi	ky	305 665	-2493
	***********	of Person	Area Code & Daytime	
Enclo	sed is a check f	or the following amount:		
<b>□\$</b> 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Add Registration Section Division of Corpora Clifton Building	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HP LASERJET FAX

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

55th Avenue Realty, LL			
(Mı	ist end with the words "Limited Lia	bility Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Ad	dress:		
The mailing addres	ss and street address of the	principal office of the Limited Lial	oility Company is:
Principal Office Address:		Mailing Address:	
8220 SW 52 Avenue		8220 SW 52 Avenue	
Vlami, Florida 33143	<del> </del>	Miami, Florida 33143	
ADTICLE III - D	egistered Agent Devistor	ed Office & Registered Agent's	Sionature:
The Limited Liability C		ed Office, & Registered Agent's gistered Agent on individual	
The Limited Liability C business entity with an	ompany cannot serve as its own Reg	sistered Agent. You must designate an individ	and for another
The Limited Liability C business entity with an	ompany cannot serve as its own Reparties Florida registration.)	sistered Agent. You must designate an individ	and for another
The Limited Liability C business entity with an	ompany cannot serve as its own Regactive Florida registration.) Florida street address of the	eistered Agent. You must designate an individue registered agent are:	and for another
The Limited Liability C business entity with an	ompany cannot serve as its own Regactive Florida registration.) Florida street address of the	eistered Agent. You must designate an individue registered agent are:	13 JUL 19 PM
The Limited Liability C business entity with an	ompany cannot serve as its own Repartive Florida registration.)  Florida street address of the trans Colaky  Nan  8220 SW 52 Avenue	eistered Agent. You must designate an individue registered agent are:	13 JUL 19 PM
The Limited Liability C business entity with an	ompany cannot serve as its own Repartive Florida registration.)  Florida street address of the trans Colaky  Nan  8220 SW 52 Avenue	e registered agent are:	FILE SLUTZIANT

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)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MCRM" = Managing M	ember
MGRM	Irene Colsky
	8220 SW 52 Avenue
	Miami, Florida 33143
MGRM	Arthur Colsky
**************************************	5430 Sunsel Drive
	Miami, Florida 33143
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	
-	
(Use attachment if necess	ary)
ARTICLE V: Effective date, if o If an effective date is listed, th	other than the date of filing:
rior to or 90 days after the date	
<u>required</u> signatu	PRE:
Signatu	re of a member or an authorized representative of a member.
(in accordance w constitutes an aff I am aware that a	with section 608.408(3). Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true, may false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.)

#### Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Irene Colsky

Typed or printed name of signee