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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 27 PM 1: 45



COVER LETTER

TO:

Registration Section **Division of Corporations**

Affinity Fund 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:

Gary S Goodman	
Name of Person	
Affinity Fund LLC	
Firm/Company	
331 Cleveland Street Unit 311	
Address	
Clearwater, FL 33755	
City/State and Zip Code	
aga a dra an an a @ am ail a am	

ggoodmancpa@gmail.com

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

For further information concerning this matter, please call:

Gary S Goodman

Name of Person

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)

Certificate of Status &

Certified Copy

□ \$160.00 Filing Fee,

(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

Effective Date 1114

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Affinity Fund LLC	MILO Parallo (2)
(Must end with the words "Limited Liability	.y Company, "L.L.C.," or "LLC.)
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:
331 Cleveland Street Unit 311	331 Cleveland Street Unit 311
Clearwater, FL 33755	Clearwater, FL 33755
The name and the Florida street address of the re-	egistered agent are:
Name	
331 Cleveland Street Unit 311	
	ress (P.O. Box <u>NOT</u> acceptable)
Clearwater	FL 33755
City, Sta	ate, and Zip
9 9	accept service of process for the above stated limite his certificate, I hereby accept the appointment as

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRE TARY OF STATE BIVISION OF CORPORATIONS

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:
"MGRM" = Managing Member	•
MGRM & MGR	Gary S Goodman
	331 Cleveland Street Unit 311
	Clearwater, FL 33755
MGRM & MGR	David Zebrowski
	60 Galloping Hill Road
	Basking Ridge, NJ 07920
MGR	Lynn E Kaden
	6570 Lake Estates Court
	Cummings, GA 30040
(Use attachment if necessary)	
	4 0044
ARTICLE V: Effective date, if other the	han the date of filing: January 1, 2014 (OPTIONAL)
or or 90 days after the date of fil	e must be specific and cannot be more than five business days
prior to or 70 days after the date of in	······································
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.)

Gary S Goodman 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)