Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000116123 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694 : (786)409-5946

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. 2640 DEVELOPMENT & LC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Corporate Filing Menu

Electronic Filing Menu

Help

5/15/2014

12:31 b102/91/90





COVER LETTER

TO:	Registration Section Division of Corporations		
nays	CT: 2640 Development: Comparty Name of Lt	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	we submitted for filing.	
Please	return all correspondence concerning this re	netter to the following:	
	Max M. Hagen	Name of Person	
		Firm/Company	
	3531 Griffin Road	Address	
	Fort Lauderdele, F), 33312	City/State and Zip Code	
m	hagen@hagenlawlimn.com E-mail address: (to be us	ed for future annual report notifies	ution)
Por fu	ther information concerning this matter, ple	ease call:	
<u>/ xem</u>	A. Hagen at (Name of Person	954) 987-0515 Area Code Daytime Te	lephone Number
_	ed is a check for the following amount: 10 Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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 Add Registration Section Division of Corporat Cliffon Building 2661 Executive Cent Tullahasses, FL 323	tions ter Circle

May 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 2640 DEVELOPMENT CO., LLC

REF: W14000031025

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CO.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 50 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: #14000116123 Letter Number: 014A00010550

RECEIVED
14 MAY 16 PM 3: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Flonda 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			}
2640 Development Company, LLC (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")		1 1
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:		1
Principal Office Address:	Mailing Address:		
3531 Griffin Road Fort Lauderdele, FL 33312	3531 Griffin Road Fort Lauderdale, Ft. 33312		
another business entity with an active Florida registrement and the Florida street address of the registrement Max M. Hagen	own Registered Agent. You must designate an individual or ration.)	2014 HAY	7
3531 Griffin Road Florida stroet address (P.O.	Box NOT accentable)	15	
Fort Lauderdale City	FL 38312 Zip pt service of process for the above stated limited liability company at 11	AH 9: 30	
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisit of my duties, and I am familiar with and accept the	poservice of process for the above stated timited traditity company of the copy of the appointment as registered agent and agree to act in this items of all statutus relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S	Ō	

(CONTINUED)

Page 1 of 2

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MGR Max M. Hagen 3531 Griffin Road Fort Lauderdele, FL 33312 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Gettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after soffiling.)
Fort Lauderdela, FL 93312 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:
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REQUIRED SIGNATURE:
I V V V V I V V V V V V V V V V V V V V
Signature of a member of an apthorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)
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