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(Requ	estor's Name)	<u> </u>
(Addre	ess)	
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(City/S	State/Zip/Phon	ne #)
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B. BOSTICK
MAY 27 2014
FXAMINER

COVER LETTER

	vision of Corporations		
SUBJECT	: Breakwater Financial		
20 201 01		mited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	n all correspondence concerning this m	atter to the following:	
	Robert D. Rubin		
		Name of Person	
	Breakwater Finance, LLC		
		Firm/Company	
	3055 NW 84th Avenue		· · · · · ·
		Address	
	Doral, Florida 33122		· · · · · ·
	(City/State and Zip Code	
rrubin	@toppcompanies.com E-mail address: (to be use	d for future annual report notification)	7 13 1 23
For further	information concerning this matter, ple		• • •
			. 3
Robert D.	Rubin at (786 331-3391 Daytime Telephone Number	- 7
	Nume of Ferson	Area code Baytime Telephone Namoei	
Enclosed is	a check for the following amount:	•	
☑ \$125.00 Fi	ling Fee \$\Bigcup \frac{1}{3}130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status & y
	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 Lin	e: nited Liability Company is:		
Breakwater Finan			
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Add The mailing address		al office of the Limited Liability Co	mpany is:
Principal Office Ad	ldress:	Mailing Address:	
3055 NW 84th Ave Doral, FL 33122	enue	3055 NW 84th Avenue Doral, FL 33122	
another business en	tity with an active Florida registrorida street address of the registe		signate an individual or
	Robert D. Rubin		
	N	ame	
	3055 NW 84th Avenue		. 1
	Florida street address (P.O.	Box NOT acceptable)	• • • •
	Doral	FL 33122	e.f
	City	Zip	,
the place designa capacity. I further	ated in this certificate, I hereby act agree to comply with the provision I am familiar with and accept the	st service of process for the above sta except the appointment as registered a ons of all statutes relating to the pro- exceptions of my position as regist hapter 605, F.S gnature (REQUIRED)	agent and agree to act in this per and complete performance

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Lawy Japan	
MGR	Larry Jones 3055 NW 84th Avenue	
	Doral, FL 33122	
	Dorai, FL 33122	
MGR	Mark Peters	
	3055 NW 84th Avenue	
	Doral, FL 33122	<u> </u>
	., .	
MGR	Ken Archer	· · · · · · · · · · · · · · · · · · ·
	3055 NW 84th Avenue	•
	Doral, FL 33122	
MGR	Robert D. Rubin	
	3055 NW 84th Avenue	
	Doral, FL 33122	
(Use attachment if necessary)		•
CLE V: Effective date, if other than t	he date of filing:	, (OPTIONAL)
effective date is listed, the date mus te of filing.)	t be specific and cannot be more than five busines	ss days prior to or 90 (
CLE VI: Other provisions, if any.		

REQUIRED SIGNATURE:

Signature of a member or an authorized 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.)

Robert D. Rubin

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)