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Office Use Only



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06/09/14--01044--017 **160.00



COVER LETTER

TO: Registration Division of	i Section Corporations			
SUBJECT: <u>5233 A</u>	venida Navarra, Limited Li Name of Lir	ability Company nited Liability Company		
	, , , , , , , , , , , , , , , , , , , 	,,		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	spondence concerning this m	atter to the following:		
Joy Nov	a Han			_
		Name of Person		
		5. 70		_
		Firm/Company		
2113 Ed	gewood Place			_
		Address		~ 9
Spring L	ake, New Jersey 07762			
	(City/State and Zip Code		1
joynhanesq@g		15-5	The state of the s	9 ,8
	E-mail address: (to be use	d for future annual report notifica	iuon) area Erich	呈 !!!
For further information	on concerning this matter, plea	ase call:	(5) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ىنى ئىزى 23
Joy Nova Han	at (_	917) 673-9090	in the second se	
Nar	ne of Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encl	
<u>Ma</u>	iling Address	Street/Courier Add	ress	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited I	Liability Company is:			
5233 Avenida Navarra,	Limited Liability Company			
(Mu	st end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and s	street address of the principal offi	ce of the Limited Liability Company is:		
Principal Office Address	<u>\$:</u>	Mailing Address:		
2113 Edgewood Place Spring Lake, New Jers	ey 07762	2113 Edgewood Place Spring Lake, New Jersey 07762		
(The Limited Liability Co	red Agent, Registered Office, & impany cannot serve as its own R ith an active Florida registration.	egistered Agent. You must designate an	individual or	
The name and the Florida	street address of the registered a	gent are:		
<u>J</u>	on Jones			
Name				
6905 Point of Rocks Road				
F	Florida street address (P.O. Box 1	NOT acceptable)		
S	arasota	FL 34242		
_	City	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 605, F.S..

gent's Signature (REQUIRED)

O

Page 1 of 2

(CONTINUED)

28H JUN-9 PH 3: 23

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR, MGR	Daniel Jones	
**************************************	2113 Edgewood Place	_
	Spring Lake, New Jersey 07762	_
		_
	-	_
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		_
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		_
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