## L14 0 5 6 1 1 6 6 1 0

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



300261632193

300261632193 06/28/14-01035--001 \*\*130.00



June 27, 2014

441 REAL ESTATE COMPANY, LLC 1701 SO ST RD 7 NO LAUDERDALE, FL 33068

SUBJECT: 441 REAL ESTATE COMPANY, LLC

Ref. Number: W14000040094

We have received your document for 441 REAL ESTATE COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00014004

## COVÊR LETTER

TO: Registration Section Division of Corporations
SUBJECT: 44/ Real Estate Conpany, 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:
Name of Person
44/ Real Estate Coupany LLC Firm/Company
1701 So, St. Rd 7 Address
City/State and Zip Code  Cled & Coucast, Net  E-mail address-(to be used for future annual report notification)
E-mail address-(to be used for future annual report notification)
For further information concerning this matter, please call:
S//e/ Zackowi = at (954) 288-258 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\text{\$125.00 Filing Fee}\$ \times \text{\$\frac{1}{2}\$130.00 Filing Fee & \$\text{\$\frac{1}{2}\$\$155.00 Filing Fee & \$\text{\$\frac{1}{2}\$\$\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

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 I - Name: The name of the Limited Liability Company is:	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17/70 GRAND BAY DZ. BOCO RATON, /FL. 33496	17170 GRAND BAYDE. BOOK RATON, FL. 33496
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Ellen Zackowit	2_
Name	
17170 GRANN Florida street address (P.O. Box	BAY DR - NOT acceptable)
Bora RATON City	/
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S.
Registered Agent's Signat	ure (REOLIRED)
Nog., Color Agent Bignat	(2)
(CONTINUI	ED)
•	70
Page 1 of 2	No.

"AMBR" = Authorized Member "MGR" = Manager  Elley ZAKOWITZ  JEHO GRAND BAY DR  SAMUEL ZACKOWITZ  17170 GRAND BAY DR  BOCK KATON, IT B3496	Elley ZACKOWITZ 17170 GRAND BAY DR BOOK RATOR F1 33496 SAMUEL ZACKOWID 17170 GRAND BAY DR BOOK RATOR F1 B3496	MGR" = Manager  Elley ZAKOWITZ  17170 GRAND BAY DR  BOOR RATOR F1 33496			Name and Address:		
Elley ZAKOWITZ- 17170 GRAND BAY DR BOOK RATOR, FL 33496	Elley ZACKOWITZ- 17,170 GRAND BAY DR BOOK RATOR FL 33496 SAMUEL ZACKOWIZ 17,170 GRAND BAY DE BOOK KATON, JP B3496	Elley ZACKOWITZ- 17170 GRAND BAY DZ BOOR RATOR F1 33496					
SAMUEL ZACKOWIZ BOOG RATON FL 33496 SAMUEL ZACKOWIZ 17170 GRAND BAY DE BOOG RATON, AP B3496	SAMUEL ZACKOWIZ  BOCK RATOR FL 33496  SAMUEL ZACKOWIZ  17170 GRANDBAY DE BOCK RATOR AP B3496	SAMUEL ZACKOW: 2	"MGR" = Ma	nager	Eller Zarkanitz		
Samuel Zackowitz 17170 GRANDBAY DE Boce Raton, 37 B3496	SAMUEL ZACKOW: DE 17170 GRANDBAY DE BOCK RATOR OF B3496	SAMUEL ZACKOWIZ			17170 GRAND BAY DR		
Samuel Zackowitz 17170 GRANBAY DE Boce Raton, AP B3496	SAMUEL ZACKOWIZ 17170 GRANBAY DE BOUR RATON, AP B3496	Samuel Zackowit			-Bloc RATOR F1 3349	6	
Boce Raton, 3P B3496	BOCE RATION OF B3496				Samuel Zackowit		
	3000 Katon 31 B3496	17170 GRAINGAY DE			17170 GRANBAY DO	<u> </u>	
<u> </u>		- Boie Katon, 31 B3496			- Bode Katon, 37 B3496	9	
<del></del>	·	•			·		
				<del></del>			
(Use attachment if necessary)			(Use attachme	ent if necessary)			
		ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days	effective date is			0 day:	S
fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da		EV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days filing.)	ffective date is e of filing.)	listed, the date must be		0 day:	5
fective date is listed, the date must be specific and cannot be more than five búsiness days prior to or 90 da of filing.)		EV: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a filing.)	ffective date is a confiling.)	listed, the date must be		0 days	~
fective date is listed, the date must be specific and cannot be more than five búsiness days prior to or 90 da of filing.)		E.V: Effective date, if other than the date of filing:	effective date is e of filing.) CLE VI: Other p	rovisions, if any.		0 day	~ -
fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  LE VI: Other provisions, if any.		E.V: Effective date, if other than the date of filing:	ffective date is e of filing.) CLE VI: Other p	rovisions, if any.		0 day	~ -
fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days:	EV: Effective date, if other than the date of filing:	ffective date is e of filing.) CLE VI: Other p REQUIRED	rovisions, if any.  SIGNATURE:	specific and cannot be more than five business days prior to or 9		~ -
fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days:	EV: Effective date, if other than the date of filing:	effective date is the of filing.) CLE VI: Other p REQUIRED	rovisions, if any.  SIGNATURE:  Signature of a accordance with section	specific and cannot be more than five business days prior to or 9  Mc Andrew Statutes, the execution of this document		~ -
fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days:	EV: Effective date, if other than the date of filing:	effective date is e of filing.)  CLE VI: Other p  REQUIRED  (In con I an	SIGNATURE:  Signature of a accordance with section stitutes an affirmation un aware that any false interested.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State		S :
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.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true. 605.0203 (1) (b), Florida Statutes, the execution of this document information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	EV: Effective date, if other than the date of filing:	effective date is the of filing.)  CLE VI: Other p  REQUIRED  (In con I an	SIGNATURE:  Signature of a accordance with section stitutes an affirmation un aware that any false interested.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	14 JUL 24	S :
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.)	member or an authorized representative of a member.  1005.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1005.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1007.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1007.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1007.0203 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	EV: Effective date, if other than the date of filing:	ffective date is e of filing.)  CLE VI: Other p  REQUIRED  (In con I an	SIGNATURE:  Signature of a accordance with section stitutes an affirmation un aware that any false in stitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  ZACLOUDITZ—SAULIEL ZACKOUTZ	14 JUL 24	~
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 nestitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee	member or an authorized representative of a member.  1005.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1005.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1007.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  1007.0203 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	EV: Effective date, if other than the date of filing:	effective date is e of filing.)  CLE VI: Other p  REQUIRED  (In con I an	SIGNATURE:  Signature of a accordance with section stitutes an affirmation un aware that any false in stitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  ZACLOUDITZ—SAULIEL ZACKOUTZ	14 JUL 24 PH	~ -
	13000 Katon, 7 B3496	17170 GRAW 344 DC			17170 GRANBAY DO		
Boce Raton, 37 B3496	Boce Katon, 7 B3496				JAMEL JACKOWI P	 >	
17170 GRANDAY DE Boce Raton, 37 B3496	BOCK RATION BAY DE				Samuel Zackowitz		
Samuel Zackowitz 17170 GRANDBAY DE Boce Raton, 7 B3496	SAMUEL ZACKOWIZ 17170 GRANDAY DE BOUR RATON, AP B3496	Samuel PACKOWIT			BOOR RATOR F/ 3349	6	
SAMUEL ZACKOW; DE 17170 GRANDBAY DE Boce Raton, 37 B3496	SAMUEL ZACKOWIDE 17170 GRANDBAY DE BOUR RATOR AP B3496	SAMUEL ZACKOWID	<del></del>		17170 GRAND BAY DZ		
Samuel Zackowitz  Boce Raton, of B3496  Boce Raton, of B3496	SAMUEL ZACKOWIZ  BOCK RATOR FL 33496  SAMUEL ZACKOWIZ  17170 GRANDBAY DE  BOCK RATOR AP B3496	SAMUEL ZACKOWIE			Ellan Zakrasta		
"MGR" = Manager  Elley ZAKOWITZ  17,70 GRAND BAY DR  BOOK RATOR F1 33496	Elley ZACKOWITZ 17170 GRAND BAY DR BOOR RATOR F1 33496 SAMUEL ZACKOWIZ 17170 GRAND BAY DR BOOR RATOR AP B3496	MGR" = Manager  Elley ZACKOWITZ  17170 GRAND BAY DR  BOOK RATOR F1 33496	"AMBR" = A	uthorized Member	Tame and Address.		
"AMBR" = Authorized Member "MGR" = Manager  Elley Ackowitz  17,70 GPAND BAY DR  Book RATOR F1 33496	Ellen Zakowitz 17170 GRAND BAY DR BOOR RATOR FL 33496	AMBR" = Authorized Member  MGR" = Manager  Ellen Zakowitz  17,70 GPAND BAY DR  Block RATOR F1 33496			Name and Address:		