## L14000167344

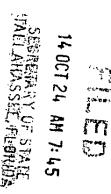
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
, i

Office Use Only



400265706444

10/24/14--01024--015 \*\*125.00





## **COVER LETTER**

TO:	Registration Division of C				
		•			
SUBJE	CT: 8th Ave	nue Holdings, LLC			
		Name of Lir	nited Liability Com	pany	
The end	closed Articles	of Organization and fee(s) a	re submitted for filir	ng.	
Please	return all corres	spondence concerning this m	atter to the followin	ıg:	
	John D. W	A (111			
	John P. V	Vilkes, Esq.	Name of Person		
			Traine of Ferson		
	<u>John P. V</u>	Vilkes, P.A.			
			Firm/Company		
	901 S. Fe	ederal Highway, Suite 101	IA		
			Address		
	P . A				
	Fort Laud	lerdale, FL 33316	City/State and Zip Co	ode	<del> </del>
			ong/orate and zip Ci	o <b>uc</b>	
.jw	ilkes@jpwpa.d	com	16.6.1		
		E-mail address: (to be use	d for future annual i	report notifica	tion)
For fur	ther information	n concerning this matter, ple	ase call:		
		,,			
Kim_S		at (_ ne of Person	954 <u>467-</u>		
	Nam	ie of Person	Area Code	Daytime Fer	ephone Number
Enclose	ed is a check fo	r the following amount:			
Ø \$125 0	0 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing	Fee &	□\$160.00 Filing Fee,
Ψ125.0	o i iiiig i cc	Certificate of Status	Certified Copy		Certificate of Status &
			(additional copy		Certified Copy
					(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
8th Avenue Holdings, LLC (Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
901 S. Federal Highway, Suite 101A Fort Lauderdale, FL 33316	Same as principal office address
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
John P. Wilkes, Esq. Name	<del></del>
901 S. Federal Highway, Suite Florida street address (P.O. Box J	
Fort Lauderdale	FL 33316
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r/605, F.S.
Registered Agent's Signatu	ire (REQUIRED)
(CONTINUE	OCT 24
Page t of 2	

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	John P. Wilkes
<del></del>	901 S. Federal Highway, Suite 101A
	Fort Lauderdale, FL 33316
···	
	·
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the da effective date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the da effective date is listed, the date must be stee of filing.)	specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be steen of filing.)  CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day

Page 2 of 2

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)

Typed or printed name of signee

