

**Division of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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RECEIVED

15 JAN 26 AM 10:00

FLORIDA DIVISION OF CORPORATIONS
BUSINESS SERVICES
INFORMATION

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

Address: _____

**FLORIDA LIMITED LIABILITY CO.
LEVINE FAMILY L.L.C.**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. YOUNG
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVINE FAMILY L.L.C.

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:

TERRY LEVINE

Name of Person

Firm/Company

2250 IBIS ISLE ROAD EAST

Address

PALM BEACH, FL 33480

City/State and Zip Code

tj1937@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY LEVINE

561

582-3426

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEVINE FAMILY L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2250 IBIS ISLE ROAD EAST
PALM BEACH, FL 33480

Mailing Address:

2250 IBIS ISLE ROAD EAST
PALM BEACH, FL 33480

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TERRY LEVINE

Name

2250 IBIS ISLE ROAD EAST

Florida street address (P.O. Box **NOT** acceptable)

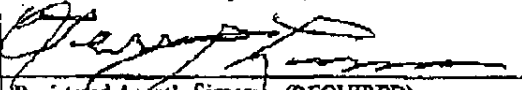
PALM BEACH, FL

FL 33480

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR & AMBR

~~TERRY LEVINE~~
~~2250 151ST E ROAD EAST~~
~~PALM BEACH, FL 33480~~

ARTICLE VI: Other provisions, if any.

Typed or printed name of signer

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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