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(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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FFB - 3 2915

T. HAWPTON

COVER LETTER

TO:	Registration Section Division of Corporations		,
SUBJ	ECT: 114 Southwest 2nd Street DBF, Name of L	LLC imited Liability Company	
The en	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Katherine McGrath		
		Name of Person	
		Firm/Company	
	260 SW Natura Ave.	Address	
		Address	
	Deerfield Beach, Florida 33441	City/State and Zip Code	
_ka	atherinemograthesquire@gmail.com E-mail address: (to be us	sed for future annual report notifica	ation)
For fu	rther information concerning this matter, pl	ease call:	
Jeren		(561) 7790153	
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:	•	
ZI \$ 125.0	00 Filing Fee \$\text{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	Street/Courier Add Registration Section	ress
	Division of Corporations	Division of Corporat	tions
	P.O. Box 6327	Clifton Building 2661 Executive Cen	
	Tallahassee, FL 32314	Zooi Executive Cen	ici Circie

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
114 Southwest 2nd Street DBF, LLC (Must end with the words "Limited	Liability Cor	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the L	imited Liability (Company is:
Principal Office Address:	Malling A	Address:	
260 SW Natura Ave. Deerfield Beach, FL 33441	same as	Principal	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered	Registered A		
<u>-</u>	agent are.		
Rogatinsky & Perez Name			-
3113 Stirling Road, Ste, 103			
Florida street address (P.O. Box	NOT accep	table)	-
Fort Lauderdale	FI.	33312	
City		Zip	-
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap Registered Agent's Signa	of the appoints of all statutes ligations of m ter 605, F.S.	nent as registered relating to the pi y position as reg	d agent and agree to act in this roper and complete performance
(CONTINU Page 1 of 2	ED)	<i>V</i>	15 JAN 22 PH 12 SECRETARY OF STALLAHASSFE, FI

Title:	Name and Address:
"AMBR" = Authorized Men	nber ·
"MGR" = Manager	Holfney international 11C
AMBR	Halfpay International, LLC 260 SW Natura Ave.
	Deerfield Beach, FL 33441
<u> </u>	
(Use attachment if necessary	N
ective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or \$1.000.
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REQUIRED SIGNATURE Signat (In accordance with	ure of member or an authorized representative of a member. h section 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE Signat (In accordance with constitutes an affir I am aware that an constitutes a third	ure of member or an authorized representative of a member. h section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE Signat (In accordance with constitutes an affir I am aware that an constitutes a third	ure of Amember or an authorized representative of a member. th section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In the facts stated herein are true, and the facts are true of the penalties of perjury that the facts stated herein are true. Typed or printed name of signee
REQUIRED SIGNATURE Signat (In accordance wit constitutes an affir I am aware that an constitutes a third	ure of member or an authorized representative of a member. h section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.) Representative of a member. Marcus Typed or printed name of signee Filing Fees: ticles of Organization and Designation of Registered Agent