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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : ROBERT LEE SHAPIRO, P.A.
Account Number : I19990000101
Phone : (561)691-0059
Fax Number : (561)691-0066

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

Email Address: gino@harptreatmentcenter.com

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2015 APR -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA LIMITED LIABILITY CO.

2666 Park Ave, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

** Not new. Resubmitted. Don't forget to sign Pg 3*

MAR-31-1996 22:58
030-017 0000

P.01/04



April 1, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ROBERT LEE SHAPIRO, P.A.

SUBJECT: 2666 PARK AVE, LLC
REF: W15000022549

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the manager.,

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

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

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000080349
Letter Number: 415A00006445

2015 APR -1 04 12:51
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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See attached. Thank you.

REC-1110
15 APR -1 AM 10:00
BUREAU OF LEGAL SERVICES
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2688 Park Ave. LLC

(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:

Mailing Address:

2655 North Ocean Avenue, #1032655 North Ocean Avenue, #103Singer Island, FL 33404Singer Island, FL 33404

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:

Gino Ciccarola

Name

2655 North Ocean Avenue, #103Florida street address (P.O. Box NOT acceptable)Singer IslandFL 33404

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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 CLERK OF STATE
 TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

2655 North Ocean Drive #103

Singer Island, FL 33404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**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.)

Gino Cicorchia

Typed or printed name of signer

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)

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