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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORF JSA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633+9696

**Enter the email address for this business entity to be used for state of annual report mailings. Enter only one email address please. * The contract of the contract of

Email Address:

FLORIDA LIMITED LIABILITY CO. 1020 ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

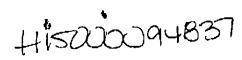
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4/17/2015

https://efde.sunbiz.org/scripts/efflcovr.exe

CORP USA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1020 ASSOCIATES 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:
Deboy Cleston Name of Person
Firm/Company
PO BOX 4567
Address
Fort Lauderdale FL 33338 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debbox Uncirco at (954) Sa5-la37 OName of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Fling Fee Status Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations
P.O. Box 6327 Taliahassee, 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 rame of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ART CLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 941 NE 1944 AVE SUHE301 PO BOX 4567 FORT LOWERCHER 3889 POYT LOWER B3388
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: Name OHINE 19+1 AVE SUHE 301 Florida street address (P.O. Box NOT acceptable) FORT 10 More Man. 35304 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 agrees to act in this

fluving 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..

(CONTINUED)

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	to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member "MGR! = Manager "MGR! = Manager AMBR P	Peter Apolson QUI NE 19th Ave Suiteson Cary Chubin Aut WE 19th Ave HODT Eart Que Male 33304		
	A SSECTION OF THE PROPERTY OF	15 APR 17 PH	A CANADA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and the date of filing.)	d cannot be more than five business days prior to or 99 day	f: :JI (2) ye after	T. STATE OF THE ST
ARTICLE VIL Other provisions, if any.		_ _ _	
(In accordance with section 605.0203 (constitutes an affirmation under the per lam aware that any false information seconstitutes a fair degree falony as pro-	an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document palties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State yield for in s.817.155, F.S.) or printed name of signee		
5125.00 Filing Fee for Articles of Organization 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	Viling Fees: on and Designation of Registered Agent		

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