

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001023313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : AGENTS AND CORPORATIONS, INC |

Account Number : I20010000112

: (302)575-0875 : (302)575-1642 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

325 NW Avens Ave LLC

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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

325 NW Avens 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:

124 STANTON LANE ROCHESTER, NY 14617

124 STANTON LANE ROCHESTER, NY 14617

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

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.,

Agents and Corporations, Inc.

(Required)

John L. Williams, President

(CONTINUED)

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2015 APR 21 A 6:05

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" - Manager	
MCD	JOHN CUYLER
MGR	124 STANTON LANE ROCHESTER, NY 14617
<u> </u>	
	•
EV: Effective date, if other than the	
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	ne date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days
(Use attachment if necessary) E V: Effective date, if other than the entire date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
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