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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/22/16

NAME:

209 BUTLER ST LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 209 Butler St 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:
Tara Morales
Name of Person
Capitol Services – Corporate Filings Team
Firm/Company
206 E 9th St, Ste 1300
Address
Austin TX 78701
City/State and Zip Code
emirsky@mirskylaw.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TaraharteSai 800 , 345-4647
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing 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 name of the Limited Liability	Company is:		
209 Butler St LI (Must end w		iability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	tress of the principal offi	ce of the Lii	mited Liability Company is:
Principal	Office Address:		Mailing Address:
3820 SW 79th	Avenue, Suite 9	92	3820 SW 79th Avenue, Suite 92
Miami, FL 331	55		Miami, FL 33155
another business entity with an ac	ddress of the registered a Magda Santiso 1 3820 SW 79th	gent are: Name Avenue	
	Florida street address (	P.O. Box <u>N</u>	IOT acceptable)
	Miami, FL 3315	55	· · ·
	City	State	Zip
place designated in this certificate, i further agree to comply with the pro	hereby accept the appoin wisions of all statutes rela igations of my position as	ntment as reg sting to the p registered a	for the above stated limited liability company at the agistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S
	refuse de		Magda Santiso
			Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

24 18 P.C. 63 RVF 91.

MGR" = Manager  MGR  MGR  MGR  MGR  MGR  MAA Properties of NY LLC  C/o Adrian Alexandru  3820 SW 79th Avenue, Suite 92  Miami, FL 33155  W: Effective date, if other than the date of filing:  Live date is listed, the date must be specific and cannot be more than five business days prior to or 90  filing.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  WI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  ELLIS R. MIRSKY  Typed or printed name of signee  Filing Fees;  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	MBR" = Authorized Member	lana a a canada a
Use attachment if necessary)  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  (OPTIONAL)  Titive date is listed, the date must be specific and cannot be more than five basiness days prior to or 90 (filing)  the date inserted in this block does not meet the applicable slatutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  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.  ELLIS R. MIRSKY  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		M&A Properties of NY LLC
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2