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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BORBELY 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:
Attila Inre Borbely Name of Person
Name of Person
Firm/Company
2307 E 11th Ave
Address
Tampa, FL, 33605 City/State and Zip Code imre 608 @ qmail. cam
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Attila Imre Borbely 305 773-1402
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \ \end{array}
Malling Address Street Address

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

The name of the Limited Liability Company is:		
BORBELY	LLC	16
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	The state of the s
ARTICLE II - Address: The mailing address and street address of the principal office of the street address.	ne Limited Liability Company is:	25 PH
Principal Office Address:	Mailing Address:	- CO ?
2307 E 11th Ave Tampa, FL, 33605	2307 E 11th A. Tampa, FL, 3360	1 <u>5</u> = 5

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE I - Name:

(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:

Affila Imre Borbely

Name

2307 E 11th Ave

Florida street address (P.O. Box NOT acceptable)

Tampa FL 33605
City State 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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR" = Manager	Attila Imre Borbely 2307 E 11th Ave Tampa, FL, 33605		
- 			
	To Jan		
	25	i	
(Use attachment if necessary)	PH 2		
	من الفير	1	
e date of filing.)	d cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed		
f an effective date is listed, the date must be specific an e date of filing.) lote: If the date inserted in this block does not meet the	d cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed		
I an effective date is listed, the date must be specific an e date of filing.) lote: If the date inserted in this block does not meet the line document's effective date on the Department of State' RTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed a records.		
REQUIRED SIGNATURE: Signature of a member of This document is executed in acceptable in a may be specific and the second of the	d cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed		

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)