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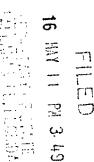
(Rε	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

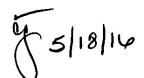




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COVER LETTER

то:	Registration Section Division of Corporations
SUBJEC	ETTINGER PROPERTIES, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Name of Person
	ETTINGER PROPERTIES, LLC
	Firm/Company
	10738 N.Saratoga Dr
	Address
	Cooper City, FL 33026
	City/State and Zip Code
	yigal@omega-relocations.com E-mail address: (to be used for future annual report notification)
For firthe	r information concerning this matter, please call:
ror fartic	Yigal Aviani 305 747 - 4246
	Name of Person Area Code Daytime Telephone Number
	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HAY 11 PH 3-49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PH 3-49

ALL TO SEE				EILED
ARTICLE I - Name:	- C			FILED
The name of the Limited Liabili	ty Company is:			16 HAY 11 PH 3-49
ETTINICED BRODE	מיוני וו כ			
ETTINGER PROPE (Must end		d Liability Compa	ny, "L.L.C.," or "LLC.")	SECRETARY OF STATE FALLARASSEE, FLORIDA
`		, 1	, , ,	2011 - Military
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limit	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addr	ess:
10738 N.Saratoga D	r	10	738 N.Saratoga Dr	
Cooper City City, FI			ooper City, FL 33026	
				
The name and the Florida street	address of the registered	d agent are:		
	10738 N.Saratoga D	r		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	Cooper City	FL	33026	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pi	, I hereby accept the app	oointment as regist	ered agent and agree to act i	n this capacity. I

(CONTINUED) Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Yigal Aviani
	10738 N.Saratoga Dr
	Cooper City, FL 33026
AMBR	Janet Aviani
	10738 N.Saratoga Dr
	Cooper City, FL 33026
	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
fective date is listed, the date must of filing.) f the date inserted in this block does	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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