Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From;

Account Name : FELDMAN & ASSOCIATES

Account Number : 120130000018 Phone : (786)288-5699 Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

## FLORIDA LIMITED LIABILITY CO. The Buckleys Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

16 OCT -5 AM 9: 12

Electronic Filing Menu

Corporate Filing Menu

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9/29/2016 10:26 AM

**	ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - The name of the	Name: he Limited Liability Company is:	
	The Buckleys Group LLC	
_	(Must end with the words "Limited Liability	Company, "L,L,C,," or "LLC,")
ARTICLE II The mailing ac	- Address: ddress and street address of the principal office of the	e Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	33 NE 1st Street Miami Beach FL 33132	33 NE 1st Street Miami Beach FL 33132
(The Limited I	- Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered cas entity with an active Florida registration.)	
The name and	the Florida street address of the registered agent are	1
	Paul Feldman, Esa.	

Name

2750 NE 185th Street Suite 203

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

Aventura FL 33180

Aventura FL 33180

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

16 OCT -5 AM 9: 12
SECRETARY OF STATE
OF ALLACE SET OF STATE
OF ALLA

FILED

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Igal Haimov
	33 NE 1st Street Minmi Beach FL 33132
MGR	Janet Haimov
	33 NE 1st Street Miami Beach FL 33132
MGR	Aaron Halmov
	33 NE 1st Street Miami Beach FL 33132
**************************************	
	-
ective date is listed, the date must of filing.)	e date of filing:
EV: Effective date, if other than the cetive date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be sment of State's records.  Paul Guldman
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