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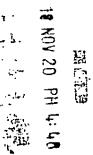
(Requestor's	s Name)
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PICK-UP U	VAIT MAIL
(Business E	ntity Name)
(Document f	Number)
Certified Copies Ce	ertificates of Status
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COVER LETTER

SUBJECT:	1313 NE 1st Ave, LLC
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
1	Karen J. Rocush
-	Name of Person
!	Karen J. Rocush Living Trust, dated October 18, 2018
-	Firm/Company
,	7793 Lee Road
-	Address
,	Waterman, 1L 60556
1-1	City/State and Zip Code
<u></u>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
I;	Danielle Kuhn 708 837-9111
_	Name of Person Area Code Daytime Telephone Number
P14 !	bl- C db C-11i
S125.00 Fili	a check for the following amount: ing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing 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

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
1313 NE 1st Ave, LL0	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address	<u>5</u> :
1313 NE 1st Ave		77 <u>93</u>	Lee Road	
Fort Lauderdale, FL 3	3304	Wate	rman, IL 60556	
<u></u> ,				<u></u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	1 Registered Agent. \	it's Signature: You must designate an indiv	ridual or
The name and the Florida street a	ddress of the registere	d agent are:		
	Orange Island Prope	rty Management		
		Name		
	1881 NE 26th St., S	te 212F		
		ss (P.O. Box <u>NOT</u> ac	cceptable)	
	Wilton Manors	FL	33305	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro um familiar with and accept the ob-	I hereby accept the apportisions of all statutes t ligations of my position	pointment as register relating to the proper	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I
				5

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	N. 1	Name and Address:		
"AMBR" = Authorized	Member			
"MGR" = Manager		R ID III TO LLOCAL	10.3016	,
AMBR		Karen J Rocush Living Trust, dated Octobe	r 18, 2018	<u> </u>
		7793 Lee Road		-
		Waterman, II. 60556		-
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	ssary)			
(Use attachment if neces				
(Use attachment if neces EV: Effective date, if of	• •	ng: (OPTIO	NAL)	
EV: Effective date, if of ective date is listed, the of filing.)	ther than the date of filin date must be specific a block does not meet the	ng: (OPTIO and cannot be more than five business days price applicable statutory filing requirements, this de's records.	ior to or 9	•
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