Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO. Dag Mort, LLC

Certificate of Status	1
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Page Count	04
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Corporate Filing Menu

Help

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COVER LETTER

	New Filing Section Division of Corporations			
euprec	er.	DAG MORT, L	.LC	
SUBJEC		Limited Liabilit	y Company	
The enclo	osed Articles of Organization and fee(s	i) are submitted f	or filing.	
Please ret	urn all correspondence concerning thi	s matter to the fo	Howing:	
		Bruce H. Beck	mann, Esq.	
		Name of P	erson	
	В	ECKMANN & A	SSOCIATES LLC	
	Firm/Company			
	260 Madison Avenue, 17th Floor			
	Address			
		New York, NY	10016-2410	
		City/State and		
		hb@beckmanna		
	•		nual report notification)	
For further	information concerning this matter, pl	lease call:		
	Bruce H. Beckmann	212	808-4848	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified	Piling Fee & S160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	_	Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327	C	Clifton Building	
	Tallahassee, FL 32314	2	661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

14154847068

RTICLE II - Address:	tain the words "Limited Liability			
		Company, "L.L.C.," or "L.L.C.")		
e maumg address and street a	address of the principal office of the	he Limited Liability Company is:		
Princip	eal Office Address:	Mailing Address:		
1 N. Breakers Row-	434	1 N. Breakers Row-434		
Palm Beach, FL 334	480	Palm Beach, FL 33480		
			1	
e Limited Liability Company		tered Agent's Signature: red Agent. You must designate an individual or		
e Limited Liability Company other business entity with an	y cannot serve as its own Register active Florida registration.) I address of the registered agent ar	red Agent. You must designate an individual or	HAS IS PH	
e Limited Liability Company other business entity with an	y cannot serve as its own Register active Florida registration.)	red Agent. You must designate an individual or	HAR IS PHIZ:	
ne Limited Liability Company other business entity with an	y cannot serve as its own Register active Florida registration.) I address of the registered agent ar Corporate Creations Net Name	red Agent. You must designate an individual or re: twork, Inc.) HAR IS PM 12: 55	
he Limited Liability Company other business entity with an	y cannot serve as its own Register active Florida registration.) I address of the registered agent ar Corporate Creations Net	red Agent. You must designate an individual or re: twork, Inc. Road #221E		
he Limited Liability Company other business entity with an	y cannot serve as its own Register active Florida registration.) I address of the registered agent ar Corporate Creations Net Name 11380 Prosperity Farms	red Agent. You must designate an individual or re: twork, Inc. Road #221E lox NOT acceptable)		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

А	RT	IC I	ж.	IV-

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

Title:	uthorized Member	Name and Address:
"MGR" = Mar MGR	nager	Cornad, Inc.
		411 Hackensack Avenue
		Rudco 200-262
		Hackensack, NJ 07601
		<u> </u>
		
		
(Use attachme	nt if necessary)	
If an effective date is it he date of filing.) <u>Note:</u> If the date insert	isted, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days afte the applicable statutory filing requirements, this date will not be listed at the seconds.
ARTICLE VI: Other pro	ovisions, if any.	
· · · · · · · · · · · · · · · · · · ·		7
	7	i - f
REQUIRED S	SIGNATURE:	Mr.
	Signature of a member	r or an authorized representative of a member.
	The first of a second state of the second state of the	accordance with section 605.0203 (1) (b), Florida Statutes.
	I am aware that any false info	rmation submitted in a document to the Department of State
	I am aware that any false infor constitutes a third degree felor	rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
	I am aware that any false info constitutes a third degree felor Bruce H. Bec	rmation submitted in a document to the Department of State

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)