## L21000343144

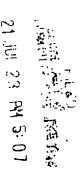
(1	Requestor's Name)	
(.	Address)	
(	Address)	
(	City/State/Zip/Phone #	#)
PICK-UP	WAIT	MAIL
(	Business Entity Name	<del>)</del>
	(Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions	to Filing Officer:	
		of Status

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## COVER LETTER

	ew Filing Sectivision of Cor					
		FLATS LLC				
SUBJECT	÷	Namo	of Limi	ted Liabili	y Company	
The enclos	ed Articles of	Organization and fe	e(s) arc	submitted :	for filing.	
Please retu	rn all correspo	ndence concerning	this mat	ter to the fo	illowing:	
	DAVID L. H	AUSER				
		,		Name of	Person	
	HAUSER&I	IAUSER PLLC				
	•			Firm/Co	прапу	
	IIII KANE	CONCOURSE SU	TE 616	i		
	<del></del>	<u>.,-</u>		Addre	:SS	
	BAY HARB	OR ISLANDS,FL.	33154			
		<del>,</del>	Ci	ty/State and	l Zip Code	
	-	no@elemon.com.ar				
	i	E-mail address: (to	oe used I	for future a	nnual report notificat	ion)
For further	information co	ncorning this matte	r, please	call:		
	DAVID HAU	JSER	30: at (	_	864-9934	
	Nam	e of Person			Daytime Telephon	e Number
Enclosed	is a check for t	he following amour	ıt:			
	0 Filing Fee	□\$130.00 Filing Certificate of St	g Fcc &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ly Company is:		
HARDOUR ELATS	I.C		
HARBOUR FLATS (Must con		ability Com	pany, "L.L.C.," or "LLC.")
		•	
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Li	mited Liability Company is:
Princip	oal Office Address:		Mailing Address:
10210 COLLINS A	VE (#201)		10210 COLLINS AVE (#201)
BAL HARBOUR, FI	L 33154	<del></del>	BAL HARBOUR,FL 33154
(The Limited Linbility Company another business entity with an The name and the Florida street	active Florida registration. address of the registered a DAVID L. HAUSER	.)	gent. You must designate an individual or
	Florida street address (		<del></del>
	riorida street address (	r.O. Box <u>2</u>	acceptable)
	BAY HARBOR IS	FL	33154
	City	State ^	Zip
place designated in this certificate further agree to comply with the p	e, I hereby accept the appoint rovisions of all statutes relablingations of my position as	ndnient as re uting to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
		(CONTINU	JED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
JAVIER BALDRICH MGR	1994 Delaware Ave Buffalo.NY 14216
(Use attachment if necessary)	
TICLE V: Effective date, if other than the dat an effective date is listed, the date must be sidate of filing.)  te: If the date inserted in this block does not	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days a  meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the dat an effective date is listed, the date must be sidate of filing.)  te: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the date an effective date is listed, the date must be state of filing.)  ote: If the date inserted in this block does not a document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the date an effective date is listed, the date must be state of filing.)  te: If the date inserted in this block does not document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other than the date an effective date is listed, the date must be state of filing.)  ite: If the date inserted in this block does not document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be seed at e of filing.)  ote: If the date inserted in this block does not be document's effective date on the Department of the date of the Department of the Council Signature of the Council Signature of the Council Signature of the Department	meet the applicable statutory filing requirements, this date will not be lis

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)