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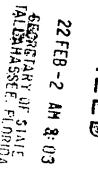
(Requestor's Name)	
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(Business Entity Name)	
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## **COVER LETTER**

FILED

TO: New Filing Section
Division of Corporations

17466 Estero, LLC

22 FEB -2 AM 3: 03

SERRETARY OF STATE

SUBJECT:				TALLAHASSEE, FLUMBIA
	Name	of Limited Lia	bility Company	
The enclosed Articles of	Organization and fe	e(s) are submit	ted for filing.	
Please return all correspo	ndence concerning t	his matter to the	ne following:	
Michael Brov	vn			
		Name	of Person	· · · · · · · · · · · · · · · · · · ·
		Firm	/Company	
16485 Collin	s Ave. Apt. 731			
		A	ddress	
Sunny Isles E	Beach, Fl. 33160-45-	19		
mbrown925@:	sbcglobal.net	City/State	and Zip Code	
E	-mail address: (to b	e used for futu	re annual report notificat	ion)
For further information cor	ncerning this matter,	please call:		
Michael Brow	'n	312	371-0180	
Name	e of Person	at ( Area Cod		ne Number
Enclosed is a check for th	ne following amount	:		
□\$125.00 Filing Fee	■\$130.00 Filing Certificate of State	us Cei	\$155.00 Filing Fee & tified Copy ional 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

ARTICLE I - Name:			FILE	)
The name of the Limited Lia	ability Company is:		· · · · · · · · · · · · · · · · · · ·	•
			22 550	
17466 Estero, LLC	~		22 FEB -2 AM	<b>8</b> : 03
(Must	contain the words "Limited I	iability Company	L.L.C.," or "LLCOURTE TARY OF STALEAHASSEE, FL	_   1 A t t
(IFILE)	Condition (i.e. words Employ)	saomy company,	TALCAHASSEE, FI	กิลเก็ว
ARTICLE II - Address:				
The mailing address and stro	eet address of the principal of	ffice of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
16485 Collins Ave.		16485	Collins Ave.	
Apt. 731		Apt. 7	31	_
Sunny Isles Beach,	, Fl. 33160-4549	Sunny	Isles Beach, Fl. 33160-4549	_
The name and the Florida st	rect address of the registered  Michael Brown	agent are:		
	16 195 Calling Ave. And	721		
	16485 Collins Ave. Apt. Florida street address		ceptable)	
	Sunny Isles Beach	- FI	33160-4549	
	City	State	Zip	
	,		•	

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized	Name and Address:	
	Member	
"MGR" = Manager		
MGR	Michael Brown	
WOR	16485 Collins Ave. Apt. 731	
	Summy Isles Beach, Fl. 33160-4549	<del></del> _
	and the same same same same same	
	<del>-</del>	
	<del></del>	
e <b>of filing.)</b> If the date inserted in this	block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ill not be lis
rument's effective date or	£	
	fany.	
rument's effective date or	URE:	
rument's effective date or	URE:	
TLE VI: Other provisions.  REQUIRED SIGNAT	URE: Muhuel Frount	
REQUIRED SIGNAT	URE:  (Mulue Moule  gnature of a member or an authorized representative of a member.	nutes
REQUIRED SIGNAT	gnature of a member or an authorized representative of a member.  cument is executed in accordance with section 605.0203 (1) (b), Florida State	
REQUIRED SIGNAT  S This do I am aw	gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida State are that any false information submitted in a document to the Department of	
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REQUIRED SIGNAT  S This do I am aw constitu	gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida State are that any false information submitted in a document to the Department of the second degree felony as provided for in s.817.155, F.S.	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

SEQUETARY OF SIME