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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	Certificates of \$	Status
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DIVISION OF CORPORATION 22 SEP 22 PM 3. 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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		<u></u>	-	
CONSOLIDATED PR	OPERTIES (Ol ^F		
WASHINGTON STRE	EET, L.L.C.			
_			-	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			·	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
0:				Fictitious Owner Search
Signature				Vehicle Search
	-			Driving Record
Requested by:				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain	lated Properties on the words "Limited Liability C	f Washington Street, L.L.(Company, "L.L.C.," or "LLC.")	3.	
ARTICLE II - Address: The mailing address and street address	ress of the principal office of the	E Limited Liability Company is:		
Principal (Office Address:	Mailing Address:		
3141 SE 14th Fort Lauderda	Avenue le, FL_33316	the same	- -	
another obsidess entity with an activ	nnot serve as its own Registered ve Florida registration.)	red Agent's Signature: Agent. You must designate an individual or	22 SE	SIAID
The name and the Florida street add	ress of the registered agent are:		2 d.	돌
_	Jeffrey R. Eisens Name	smith, P.A.	22 PH	FARY COR
	5561 N.University	y Dr. #103	1 သ	- 35 to
F	lorida street address (P.O. Box	NOT acceptable)		ATIC
	Coral Springs, EL	33067	10	35
	City State	Zip		
urther agree to comply with the provisi	reoy accept the appointment as rions of all statutes reluting to the ions of my position as registered	s for the above stated limited liability company of registered agent and agree to act in this capacity proper grid complete performance of my duties agent is provided for in Chapter 605, F.S		
	(CONTINI	UPD)		

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Michael A. Simmons 3141 SE 14th Avenue Fort Leuderdale, FL 33316
	SEPIZ2 F
	3: 12
date of fuing.)	cific and cannot be more than five business days prior to or 90 days after
document's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed of State's records.
TICLE VI: Other provisions, if any.	
This document is executed I am aware that any false it	aber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Mich	ael A. Simmons Typed or printed name of signee
	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)