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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(ON) State Liph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CAPITAL CONNECTION, INC.

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

		I
2106 Elser Mian	ni, LLC	
Please Debit 120	000000257 For: 125	
Thank you Seth	Neeley	
Stal		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
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJI	ECT: 2106 Elser Miami, LLC Name o	f Limited Liability Company
	aclosed Articles of Organization and fee(
Please	return all correspondence concerning th	s matter to the following:
	Paul Palmer, Esq.	
		Name of Person
	Palmer, Palmer & Mangiero	
		Firm/Company
	12790 S. Dixie Highway	
		Address
	Miami, FL 33156	
	mam, 1 c oo roo	City/State and Zip Code
	Paul@ppmpalaw.com	
	E-mail address: (to be	used for future annual report notification)
For furth	ner information concerning this matter, p	tease call:
	5 151	
	Paul Palmera Name of Person	(305) 378-0011 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□\$12 <u>!</u>	5.00 Filing Fee S130.00 Filing Fe Certificate of Status	
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division The Centre of Tallahassee
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2106 Elser Mi			
(Must co	ntain the words "Limited Liab	bility Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal offic	e of the Limited	l Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
788 NE 23rd Str	eet	sa	me as principal address
<u>Unit 2401</u> Miami, FL 3313	7		
Miami, FL 3313 ARTICLE III - Registered A	agent, Registered Office, & I	Registered Age	ent's Signature:
Miami, FL 3313 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.)	gistered Agent.	nt's Signature: You must designate an individual
Miami, FL 3313 ARTICLE III - Registered A	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	gistered Agent.	nt's Signature: You must designate an individual
Miami, FL 3313 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	gistered Agent. ent are:	nt's Signature: You must designate an individual
Miami, FL 3313 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Allen Temiz	egistered Agent. ent are: Vame	You must designate an individual
Miami, FL 3313 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	agent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag Allen Temiz N 788 NE 23rd Street, Uni	egistered Agent. ent are: Vame	You must designate an individual

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Allen Temiz

Registered Agent's Signature (REQUIRED)

(CONTINUED)



AMBR" = Authorized Member	
AGR" = Manager	
MGR	Temiz, Allen
	788 NE 23rd Street, Unit 2401 Miami, FL 33137
	Wildritt, 1 L 30 107
Ise attachment if necessary)	
V: Effective date, if other than the dative date is listed, the date must be stilling.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be stifling.) he date inserted in this block does not ent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 timest the applicable statutory filing requirements, this date will not
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-