Florida Department of State

No. 0476

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone

: (800)342-9856

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: (800)354-3381

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

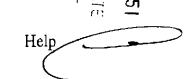
| Email | Address: | | |
|--------------|----------|--|-------------|
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FLORIDA LIMITED LIABILITY CO. 811 SE 5TH AVE LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | CI | E I | - 1 | Vame: |
|-----|----|-----|-----|-------|
| | | | | |

The name of the Limited Liability Company is:

811 SE 5th AVE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Pompano Beach, FL 33060

Pompano Beach, FL 33060

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are;

ROBERT PACHTMAN

Name

811 SE 5th AVENUE

Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH

rr

33060

City

State

Zip

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.

Robert Pachtman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member "MOR" = Manager | Name and Address: | | |
|--|--|--|--|
| MGR | ROBERT PACHTMAN 811 SE 515 AVENUE POMPANO BEACH, FL 33060 | | |
| | | | |
| | | | |
| | | | |
| (If an effective date is listed, the date must be the date of filing.) | ate of filing: | | |
| | | | |
| REQUIRED SIGNATURE: | Pobert Pachtman | | |
| This document is exe I am aware that any f | member or an authorized representative of a member. couted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | | |

ROBERT PACHTMAN

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)

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