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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (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:				

FLORIDA LIMITED LIABILITY CO. 3851 SW RUARK STREET LLC

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

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
3851 SW RUARK STREET LLC		
(Must end with the words "Limited L	Linbility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address: Mailin	g Address:	
3851 SW RUARK STREET	20 ANN STREET	
PORT SAINT LUCIE, FLORIDA 34952	GLEN COVE NEW YORK 11542	
ARTICLE III - Registered Agent, Registered Office, &	Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own I	Registered Agent. You must designate an	individual or
another business entity with an active Florida registration	.)	S 23
The name and the Florida street address of the registered i	agent arc:	2023 SECI
GEETA MASELLI		- C
Name		表 7 F
3851 SW RUARK STREET		
Florida street address (P.O. Box	NOT acceptable)	(EE 10)
PORT SAINT LUCIE	FL 34952	<u> </u>
City	Zip	6

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 dutios, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	GEETA MASELLI 20 ANN STREET	
	GLEN COVE NEW YORK 11542	7073
	T	=
(Use attachment if necessary)	SEE STATE OF	
ARTICLE V: Effective date, if other than the date of filing		9
ARTICLE VI: Other provisions, if any.		_
REQUIRED SIGNATURE:		-
(In accordance with section 605,020) constitutes an affirmation under the	r an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penulties of perjury that the facts stated herein are true, on submitted in a document to the Department of State	

Filling Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

GÉETA MASELLI

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