Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433 Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com



FLORIDA LIMITED LIABILITY CO.

302 Tamarind, LLC

| Certificate of Status | <u> </u> |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$130,00 |

Electronic Filing Menu — Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

302 Tamarind, 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:

| <u>Principal</u> | Office | <u>Address</u> : |
|------------------|--------|------------------|
| | | |

Mailing Address:

102 W Service Road, Suite 273 Champlain, NY 12919 102 W Service Road, Snite 273 Champlain, NY 12919

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:

Paul Feldman, Esq.

2750 NE 185th Street, Suite 203

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

 Aventura
 F1.
 33180

 CW
 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. Thereby 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 Clipto 605, IES.

Registered Agent's Signature (REO)) 147.10

(CONTINUED)

ĩo

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|--|
| MGR | MONTY STECKLER 102 W Service Road, Suite 273 Champlain, NY 12919 |
| | |
| | |
| ······ | |
| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be sp the date of filing.) | ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records. |
| ARTICLEVI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | of plan - |
| Signature of a me This document is execu I am aware that any false | temper or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes, e information submitted in a document to the Department state e felony as provided for in s.817.155. F.S. |

PAUL FELDMAN, ESQ.

Typed or printed name of signer

Filing Fees:

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

S. 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)