## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

[1]

Account Number : I19990000242

Fax Number

: (215)563-8113

: (215)977-9386

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

Email Address: poly77@aol.com

# FLORIDA LIMITED LIABILITY CO. South RE Holdings LLC

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

To:

	South	n RE Holdings LL	.C	
(Must co	ntain the words "Limited			")
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limite	ed Liability Company i	is:
Principal Office Address:			Mailing Address:	
20200 W. Dixie Highway		11	111 Fulton Street, Unit 508	
Aventura, FL 3318		Ne	w York, NY 10038	
			ent's Signature: i. You must designate :	an individual or
The Elimico Liability Compainother business entity with a	n active Florida registration active Florida registered	n.) Lagent are:	i. You must designate a	an individual or
another business entity with a	n active Florida registration active Florida registered	n.)	i. You must designate a	an individual or
mother business entity with a	n active Florida registration active Florida registered R	n.) I agent are: cgistered Agents Name	I. You must designate a	1022 COT 12 FH
another business entity with a	n active Florida registration active Florida registered R	n.) Lagent are: Legistered Agents Name	I. You must designate a	an individual or 2007 12 FH 3: 20
another business entity with a	et address of the registration active Florida registered R	n.) Lagent are: Legistered Agents Name	I. You must designate a	1022 COT 12 FH
nother business entity with a	n active Florida registration active Florida registered R	n.) Lagent are: Legistered Agents Name  201 4th St N, STE s (P.O. Box NOT	Inc.  300 acceptable)	1022 COT 12 FH
another business entity with a	rt address of the registered R  To Florida street address  St. Petersburg  City  d agent and to accept serve the provisions of all statutes republications of my position in the server serve obligations of my position.	Inn.) I agent are: Registered Agents Name 201 4th St N, STE s (P.O. Box NOT FL State State State State Plating to the prop	Inc.  300 acceptable)  33702  Zip the above stated limited agent and agree to the and complete performance and complete performance.	(liability company at o act in this capacity.

as

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

"AMBR" = $\Lambda$	authorized Member	Name and Address:
"MGR" = Ma AMBR		Israel Presiado 111 Fulton Street, Unit 508 New York, NY 10038
		2123 OCT 113 CONTRACTOR 113 CONTRACT
(Use attachm	ent if necessary)	
If an effective date is he date of filing.) <u>Note:</u> If the date inser	listed, the date must be specific ted in this block does not meet we date on the Department of St	ling: (OPTIONAL)  c and cannot be more than five business days prior to or 90 days after  the applicable statutory filing requirements, this date will not be listed as ate's records.
REOUIRED	Signature of a member	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.

#### 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)