

L99000008296

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

700003056097--6
-11/30/99--01005--022
****130.00 ****130.00

SUBJECT: Park Avenue LLC

Enclosed is an original and one (1) copy of the Articles of Organization and a check for \$130.00, for filing fee for Articles of Organization, (\$100.00), designation of Registered Agent, (\$25.00), and Certificate of Status, (\$5.00).

From: Leslie S. Strasberg

2105 N. Park Ave.

Winter Park, FL 32789

(407) 629-2606

Attached: original and one copy of the articles.

FILED
99 NOV 30 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mntn
12/1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Park Avenue LLC

ARTICLE II - Address:

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

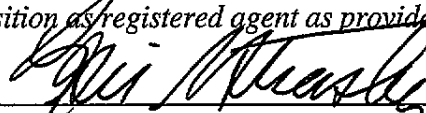
2105 Park Ave. North
Winter Park, FL 32789

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

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

Leslie S. Strasberg
Name
2105 N. Park Ave.
Florida street address (P.O. Box **NOT** acceptable)
Winter Park, FL 32789 FL
City, State, and Zip

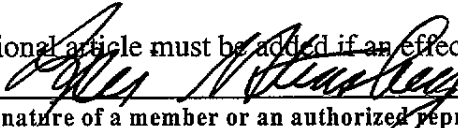
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Leslie S. Strasberg
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA