# L000 PP PD 3442 CONCOURSE PLAZA

ONCOURSE PLAZA
SUITE 616

1111 KANE CONCOURSE

BAY HARBOR ISLANDS, FLORIDA 33154

FAX (305) 866-3159

(305) 864-9934

February 4,2000

Department of State Division of Corproations P.O. Box 6327 Tallahassee,Fla. 32314 200003133472--3 -02/14/00--01005--020 \*\*\*\*155.00 \*\*\*\*155.00

Re: The Herbits Group, LLC

Dear Madam Secretary,

Enclosed herwith please find two (2) original Articles of Organization of **The Rerbits Group,LLC** for filing, along with my trust account check in the sum of \$155.00 for filing and for returning a **certified copy** of the Articles. Thank you.

very truly yours,

MARC HAUSER

MH:cs Encl.

#26; herbitsflg.ltr

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SECRETARY OF STATE
ALLAHASSEE, FLORID



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2000

MARC HAUSER 111 KANE CONCOURSE SUITE 616 BAY HARBOR ISLANDS, FL 33154

SUBJECT: THE HERBITS GROUP, LLC

Ref. Number: W00000004740

We have received your document for THE HERBITS GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 200A00009207

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SECRETARY OF STATE
TALL AHARCETE EL COMA

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### THE HERBITS GROUP, LLC

#### ARTICLE II - Address:

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

1000 VENETIAN WAY (#904)

Miami Beach, Fla. 33140

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

#### ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

> STEPHEN E. HERBITS 1000 Ventian Way (#904) Miami Beach, Fla. 33140

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members is:

> HERBERT JULI 5 ISLAND AVE (#7-H) Miami Beach, Fla. 33139

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

None

### ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a membership of a member in the limited liability company shall be in accordance with the law,

The undersigned member or authorized representative of a member of <a href="STEPHEN E">STEPHEN E</a>, <a href="HERBITS,LLC">HERBITS,LLC</a>

1) the above named limited liability company has a Manager and a member. and is a manager-managed company.

STEPHEN E. HERBITS MANAGER

(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.)

STATE OF FLORIDA > SS: COUNTY OF Miami-Dade )

Be it known that on the \_\_\_\_\_\_ day of \_\_February, 2000 before me, a Notary Public in and for the State of Florida duly commissioned and sworn personally came and appeared \_\_\_\_\_ STEPHEN E. HERBITS \_\_\_\_\_ to me\_\_(x) personally known ( ) who presented as I.D.: who did take an oath, and known to me to be the same person described in and who executed the foregoing instrument and he acknowledged the within to be his act and deed and that an oath was taken.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

(Seal) Marc Hauser
Printed Name of Notary



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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	the	name	of t	the	lim	ited	liab	ili	ty	con	ıpany	y is	::				
	STEPHEN E. HERBITS, LLC															_	
2. The name and address of the registered agent and office is:																	
	STEPHEN E. HERBITS (Name)																
		_	1 (P.C	.000 ). B	VEN	ETIA	N WAY	7 (: cop	#904 Box	1) ( <u>N</u>	OT A	CCE	PTABI	Œ)	— <u>.</u> .	<u>-</u>	
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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.

STEPHEN E. HERBITS (Date)

Filing Fee: \$35 for Designation of Registered Agent