

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205~0393

CORPORATION

Account Name

Account Number : 104662003400 Phone

: (516)935~3940

Fax Number

: (516)935~3088

LIMITED LIABILITY COMPANY

SBTischler LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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JAN 2 5 2005

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I | - Name |
|-----------------|------------------------------|
| The name of the | Limited Liability Company is |

ESBTischler LLC

ARTICLE II - Address

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

| Principal Office Address: | Mailing Address: | 25 ORBD 25 |
|----------------------------|----------------------------|---------------|
| 1717 S. Ocean Boulevard #5 | 1717 S. Ocean Boulevard #5 | |
| Pompano Beach, FL 33062 | Pompano Beach, FL 33062 | · |
| | | |

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Susan B. Tischler

Name

1717 S. Ocean Boulevard #5

(P.O. Box or Mail Drop Box NOT Acceptable)

Pompano Beach, FL 33062

(City / 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, 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 - Susan B. Tischler

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| ARTICLE IV - Manager(s) of The name and address of each Mar | r Managing Member(s): Ager or Managing Member is as follows: | 12 |
|---|---|----|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
| MGR | Susan B. Tischler-1717 S. Ocean Boulevard #5, Pompano Beach, FL 33062 | |
| | TALES COR RELL | |
| (Use attachment if necessary) | D: 25 FLORID | |
| REQUIRED SIGNATURE: | Susant Such sepresentative of a member. | |
| (In accorda | nce with section 608.408(3), Florida Statutes, the execution of this postitutes an affirmation under the penalties of perjury that the facts | |
| | Susan B. Tischler | |

Typed or printed name of signee