

09/19/2005 12:11 FAX 2159779886

M. BURR KEIM COMPANY

2001

**L05000092336**

Florida Department of State  
Division of Corporations  
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2015 SEP 19 A 9:57

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(((H05000222207 3)))

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

05 SEP 19 2011:46

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**MIDTOWN MIAMI 304 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**AL**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 0:57

ARTICLE I - Name:

The name of the Limited Liability Company is:

Midtown Miami 304 LLC

ARTICLE II - Address:

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

Principal Office Address:

501 Island Boulevard, Unit 402  
Hollandale Beach, FL 33009

Mailing Address:

1217 Valley Hill Trail  
Southampton, PA 18986

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

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

Leonard Woshozyn

Name

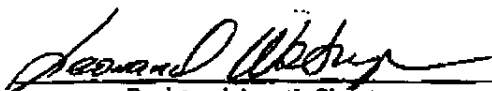
501 Island Boulevard, Unit 402

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

Hollandale Beach FL 33009

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

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****Managing Member**

Leonard Woshczyn

1217 Valley Hill Trail

Southampton, PA 18966

**Managing Member**

Gatina Woshczyn

1217 Valley Hill Trail

Southampton, PA 18966

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
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.)

Leonard Woshczyn

Typed or printed name of signer

**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)**