

**L06000077193**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000196615 3)))



H060001966153ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : COHEN, NORRIS, SCHERER, WEINBERGER & WOLMER  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104  
*Attu: L. Lincoln*

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SHAPLIAN, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
06 AUG -4 PM 1:52  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG -4 AM 9:15

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN AUG - 7 2006

((H06000196615 3))

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 AUG -1 AM 9:15

**ARTICLES OF ORGANIZATION OF SHAPLIAN, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is SHAPLIAN, LLC.

**ARTICLE II**

This limited liability company shall have perpetual existence from the **DATE OF FILING**, of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members.

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 152 E. 65<sup>th</sup> Street, New York, NY 10021. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is LISA SHAPOLSKY, 110 Pegasus Dr., Jupiter, FL 33477.

**ARTICLE V**

The initial manager is LISA SHAPOLSKY, 110 Pegasus Dr., Jupiter, FL 33477.

**ARTICLE VI**

The member is ANITA SHAPOLSKY, 152 E. 65<sup>TH</sup> Street, New York, NY 10021. Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 3 day of August, 2006,

  
ANITA SHAPOLSKY, Member

((H06000196615 3))

((H06000196615.3))

FILED STATE  
SECRETARY OF CORPORATIONS  
AUG -4 AM 9:45

**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

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.

That SHAPLIAN, LLC, a Florida Limited liability company, with its office at 152 E.  
65<sup>th</sup> Street, New York, NY 10021, has named LISA SHAPOLSKY, at 110 Pegasus Dr., Jupiter,  
FL 33477 as its registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named registered agent to accept service of process for the above-stated  
limited liability company at the place designated in this Certificate, I hereby accept to act in such  
capacity and agree to comply with the applicable provisions of law.

By:   
LISA SHAPOLSKY,  
Registered Agent

LLCArticlesSHAPLIAN.doc

((H06000196615.3))