

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.

(((H06000273003 3)))



H060002730033ABCV

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 : BUSINESS FILINGS Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Andros Isle OSE, LLC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H06000273003 3

ARTICLES OF ORGANIZATION OF Andros Isle OSE, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Andros Isle OSE, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1933 Hwy 35, Ste 105, PMB 350, Wall, New Jersey 07719.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Howard Levy, 7 Leeward Circle, Tequesta, Florida 33469. Located in the County of Jupiter.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Howard Levy, 1933 Hwy 35, Ste 105, PMB 350, Wall, New Jersey 07719 Katherine Levy, 1933 Hwy 35, Ste 105, PMB 350, Wall, New Jersey 07719

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # H06000273003 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Andros Isle OSE, LLC

The name and address of the registered agent and office is Howard Levy, 7 Leeward Circle, Tequesta, Florida 33469. Located in the County of Jupiter.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Howard Levy

Date: Z