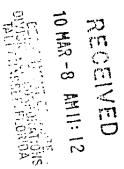
L1000025590

(Requestor's Name)		
(Address)		
(Address)		
(6:1-10)	T' 101 10	
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Documen	t Number)	
(bocumen	Enumber	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
opposition modulosito to 1 mmg c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	;	

Office Use Only



000170819280





B. KOHR

MAR - 8 2010

EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE: 307505 4301541 AUTHORIZATION : (COST LIMIT : ORDER DATE: March 5, 2010 ORDER TIME : 7:41 AM ORDER NO. : 307505-005 CUSTOMER NO: 4301541 DOMESTIC FILING NAME: MISHA HOLDINGS LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XXX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Matthew Young - EXT. 2962 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY	
Witsha Holdings LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
c/o Sherb & Co.	c/o Sherb & Co.	
1900 NW Corporate Boulevard,	805 Third Avenue	
Boca Raton, FL 33431	New York, NY 10021	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Michael Shane Name		
c/o Sherb & Co., 1900 NW Corporate Boulevard Florida street address (P.O. Box NOT acceptable)		
Boca Raton	FL 33431	
City, State, and Zip.		
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Michael Shane MGRM Sherb & Co. 805 Third Avenue New York, NY 10021 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Michael Shane Typed or printed name of signee Filing Fees:

A Company of the Comp

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)