Document Number Only C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 900001675169 -01/02/96--01042--013 ****285.00 ****285.00 Address Tallahassee, Florida 32301 City State Zlp Phone 904-222-1092 CORPORATION(S) NAME () Profit () NonProfit () Amendment Aprimited Liability Company () Merger () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Annual Report () Reinstatement () Other () Reservation () Change of R.A. () Certified Copy () Fictitious Name () CUS/ G/S () Photo Coples () Cell When Ready () Call if Problem Walk In () After 4:30 () Will Walt () Mail Out Pick Up Name Availability PLEASE RETURN EXTRA COPY(S) Document Examiner FILE STAMPED Updalar MOLLY COLD CANTION Veiller 92:51 Kd 62 33 986 **Acknowledgment** BECEINED W.P. Veriller

CR2E031 (1-89)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: We Drive LC

95 DEC 29 PH 1: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

350 Hobert Avenue

y is/are: 350 Hobart Avenue Shorthills, NJ 07078

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management

(check and complete the appropriate statement)

/X/ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

H. Peter Tepperman 320 Paterson Plank Road Carlstadt, New Jersey 07072

/ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

c/o C T CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324

*ARTICLE VII - Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

*ARTICLE VIII - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: None since ownership is Trust.

12/15/95			
(Date)	(Signature of Member or the Authorized Representative of a Member)		

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

C T CORPORATION SYSTEM D. Maye Cummung ANN ABIGNATURE HINS ASSISTANT SECRETARY (Type Name of Officer)	12/28/95 (Date)	FILED 95 DEC 29 PH 1: SECRETISKY OF SI TALLAH/SSEE, FLO
(Title of Officer)		Valse Ly Le

*(Optional)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of				
	We Drive LC deposes and says:			
1) th	e above named limited liability company has at least two members			
2) th	e total amount of cash contributed by the member(s) is \$			
3) if \$_	any, the agreed value of property other than cash contributed by member(s) is . This cash total includes amounts from 2 and 3 above.			
4) th \$_	e total amount of cash or property anticipated to be contributed by member(s) is 100. This total includes amounts from 2 and 3 above.			

Signature of a member or authorized representative of a member, (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

PILED

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SECRETARY OF STATE
TAIL ANARCETE

2nd	NOTICE: Limit After Due	ted Liability Co August 21, 199 To Reinstate: S	mpany Will Be D 5. If Dissolved, M 738.75	Dissolved On O Inlmum Amoun)r nt	isio (Perti	Y :
LIMITE	ED LIABILITY COMPAN ANNUAL REPORT 1996	1Y	LLORIDA DEPARTA Sandra B. II Secretary o DIVISION OF COI	Northam of State		-	*!
FILING \$ 263	FEE Annual Report \$100.0	00 • \$138.75 Corporat	ion Supplemental Fee	+ \$25.00 LATE FEE			
1 Name	and Males A		T # 1.950000		{		
we drive LC 350 HOBART AVENUE SHORTHILLS NJ 07078				1a. Principal Place of Business Address 350 HOBART AVENUE SHORTHILLS NJ 07078			
If atmva	mailing address is incorrect in any wa	y line through incorrec	I information and enti-	on_tion in Block 2a			
2 7 11.10	2n. Mailir		ing Addiese		3. Date Organized or Qualified		3a. State of Formation
dine Ap	Suite Apt. # etc Suite A		i # elc		4. FEI Number		Applied For
City & St.	ale	City & St	ato	- - 			Not Applicable
70	Char	 	Cong	· Irv	5. Date of Last	Report	6. Certificate of Status Desired
		1		.,			\$8.75 Additional Fee Required
	7. Name and Address o	f Current Registered	Agent		B. Name and Add	tress of Nu.v Re	gistered Agent
11200	CORPORATION SYS SOUTH PINE IST TATION FL 33324	T # \$150 DD		Street Address (I	P.O. Box Number	Is Not Acceptab	Zıp Code
as registo	ored agent, and accept the obligation	oom, in the State of Flo ations	nup. Store in ingerting	namonted by Athrill	iuve vote of a majori	. A t- this state	ment for the purpose of changing s. Thereby accept the appointment
10. Title	Managing Members		Busin	less Street Address	1		State and Zip Code
		nvanayma	<u> </u>	Con Modicas		- City	Orace and Zip Gode

¹¹ of do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k). Florida Statutes I furnished certify that the information indicated on this annual report is true and accurage and that my signature shall have the same legal effect as if made under each. This is an a