L00000004233

7 April 2000

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 900003202179--3 -04/10/00--01140--010 ****125.00 ****125.00

To Whom It May Concern:

My name is Seth Maloff. Enclosed please find the articles of organization and filing fees for Maloff28, LLC.

My daytime information is as follows:

Seth A. Maloff 15350 Amberly Drive #723 Tampa, FL 33647 813.910.9104

If you have any questions, please don't hesitate to contact me directly. Thank you for your assistance with this matter.

OD APR 10 AM 9: 40
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Best Regards,

Seth A. Maloff

100-4233 1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
MALOFF 28, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con 15350 AMBERLY DRIVE #723 TAMPA, FL 33647			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur	e:		
The name and the Florida street address of the registered agent are:			
SETH A. MALOFF			
15350 AMBERLY DAJUE #723	•	•	, .
Florida street address (P.O. Box NOT acceptable)		-	•
TAMPA, FL 33647 FL			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, Free Registered Agent's Signature	nt as sions of a vith and		•
Article IV - Management (Check box if applicable.)			
The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company.	and is, SECRE	00 APR	
(An additional article must be added if an effective date is requested)	TARY OF		FILED
Signature of a member or an authorized representative of a member.	STAT	04 io	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	AUDA AUDA		

Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

that the facts stated herein are true.)