

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1917 Collins, LLC

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\*\*\*\*853.75 \*\*\*\*155.00

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

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TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR -7 AM 11:59  
NOT INTENDED  
TO ACKNOWLEDGE  
OFFICE OF FILING

Signature \_\_\_\_\_

Requested by: K.C.

Name \_\_\_\_\_ Date 3/7 Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

Handwritten initials and date: 3/7/01

**ARTICLES OF ORGANIZATION OF**

**1917 COLLINS, LLC**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

1. **Name.** The name of the limited liability company is:

***1917 COLLINS, LLC***

2. **Duration.** The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.
3. **Purpose.** This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida law.
4. **Principal Place of Business and Mailing Address.** The address of its principal place of business, as well as the mailing address for this limited liability company is:

***3015 North Ocean Boulevard, Apt. 2A  
Fort Lauderdale, FL 33308***

5. **Registered Agent and Office.** The name and address of its initial registered agent in the State of Florida, whose Consent to appointment as Registered Agent accompanies these Articles, is:

***JONATHAN GEFTMAN  
3015 North Ocean Boulevard, Apt. 2A  
Fort Lauderdale, FL 33308***

6. **Initial Member.** The names of the initial member of the limited liability company and its address is as follows:

***S 2 GOLD, INC.,  
a Florida corporation  
c/o JONATHAN GEFTMAN  
3015 North Ocean Boulevard, Apt. 2A  
Fort Lauderdale, FL 33308***

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. **Admission of Additional Members.** Additional Members will be admitted only pursuant to the terms of the operating agreement to be entered into by the Members of the Company, or upon such other terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
  
8. **Continuity.** The remaining Members of the limited liability company will have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company. The return of capital and the distribution of profits shall be determined from the limited liability company's books, as of the effective date of withdrawal, based on the provisions of the regulations, and paid as soon as practicable without diminishing the prospects of the limited liability company's ventures and subject to the limitations of Florida law.
  
9. **Management.** The business of the company shall be reserved to and conducted under the exclusive management of its initial Member executing these Articles. This is a manager-managed company.

Dated: March 3, 2001

**S 2 GOLD, INC.,**  
*a Florida corporation*

By:   
\_\_\_\_\_  
**JONATHAN GEFTMAN,**  
**PRESIDENT**

Prepared by: Jonathan D. Beloff, Esq.; FL Bar #178838  
Beloff & Schwartz, 1111 Lincoln Road,  
Suite 400, Miami Beach, Florida 33139  
(305) 673-1101

STATE OF FLORIDA  
COUNTY OF MIAMI  
MAY 10 01 PM -7 PM 1:51  
NOTARY PUBLIC

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

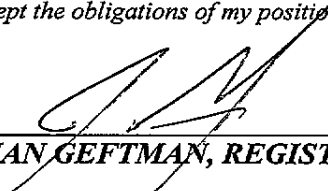
1. The name of the limited liability company is:

***1917 COLLINS, LLC***

2. The name and the Florida street address of the registered agent are:

***JONATHAN GEFTMAN  
3015 North Ocean Boulevard, Apt. 2A  
Fort Lauderdale, FL 33308***

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

  
\_\_\_\_\_  
***JONATHAN GEFTMAN, REGISTERED AGENT***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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