

Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850) 205-0383

From:
 Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (212) 431-5000
 Fax Number : (212) 431-1441

RECEIVED
 06 DEC 28 PM 3:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sam-Jr. Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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 DIVISION OF CORPORATIONS

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sam-Jr. Associates, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9070 Kimberly Blvd., Suite 101
Boca Raton, FL 33434

Mailing Address:

9070 Kimberly Blvd., Suite 101
Boca Raton, FL 33434

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Andrew Glodstein

Name

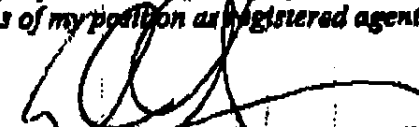
19245 Skyridge Circle

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33498

City, State, and Zip

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

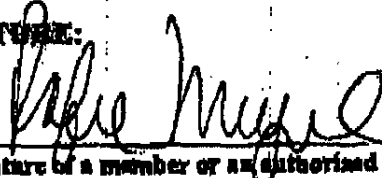
"MGRM" = Managing Member

Name and Address:MGRScott Schultz12119 Blairemont WayOrlando, FL 32825MGRMitchell & Judith Schultz19323 King Palm CourtBoca Raton, FL 33498MGRAndrew Glodstein16329 Mira Vista LaneDelray Beach, FL 33446MGRRafie Merzel16329 Mira Vista LaneDelray Beach, FL 33446

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

RAFIE MERZEL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)