

04/26/2011

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4/21/2011

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

Resubmit 4/26

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 APR 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

133 NE 2nd Avenue, Unit # 301, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 04
Estimated Charge	\$130.00

11 APR 26 AM 7:39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR 27 2011

EXAMINER

1/2

April 22, 2011

HUBCO

SUBJECT: 133 NE 2ND AVENUE, LLC
REF: W11000022509

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L10000007465 (133 NE 2ND AVENUE, LLC).

If you have any further questions concerning your document, please call (850) 245-6859.

Tammy Hagot

FAX Aud. #: H11000107887

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **133 NE 2nd Avenue Unit #3101, 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:

133 NE 2nd Avenue, #3101

630 1st Avenue, 19J

Miami, FL 33132

New York, NY 10016

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

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

CORPDIRECT AGENTS, INC.

Name

515 East Park Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(City / State / 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 - Michele Holden - Ass't Secretary

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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:

MGRM

Jon M. Leichter, 630 1st Avenue, 19J, New York, NY 10016

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Jon M. Leichter

Typed or printed name of signee

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