

# L02 000029 485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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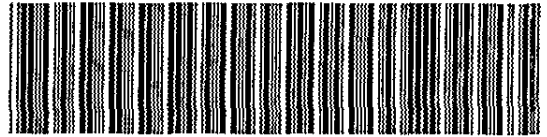
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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WMS

LAW OFFICES  
GERALD RUBIN  
A PROFESSIONAL CORPORATION

October 31, 2002

57 FREEMAN STREET  
NEWARK, NJ 07105  
(973) 589-6900  
FAX (973) 589-6883

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Two Rivers Limited, L.L.C.

Gentlemen:

Enclosed please find an original and one copy of Articles of Organization for filing. Also enclosed is my check in the amount of \$160.00 representing the filing fee for the Articles of Organization, Designation of Registered Agent, Request for Certified copy of the Articles of Organization and a Certificate of Status. Please send us the certified copy of the Articles of Organization and the Certificate of Status in the enclosed stamped self-addressed envelope.

Sincerely Yours,

GERALD RUBIN

GR:cn  
Enc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

TWO RIVERS LIMITED, L.L.C.

**ARTICLE II – Address:**

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

c/o Scott Rubin  
989 Harbor View North  
Harbor Island, FL 33019

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's  
Signature:**

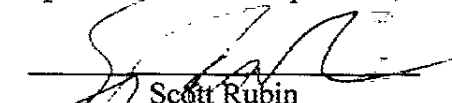
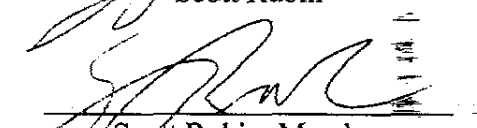
The name and the Florida Street Address of the registered agent is:

Scott Rubin  
989 Harbor View North  
Harbor Islands, FL 33019

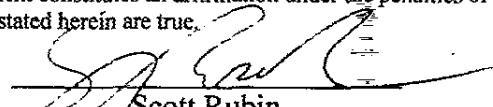
**ARTICLE IV – Effective Date:**

The effective date shall be the date of filing of these Articles of Organization with the Registration Section of the Division of Corporations of the State of Florida.

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.

  
\_\_\_\_\_  
Scott Rubin  
  
\_\_\_\_\_  
Scott Rubin, 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.

  
\_\_\_\_\_  
Scott Rubin

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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