Division of Corporations /scripts/efileovr.ep 00000029

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305) 633-9696

LIMITED LIABILITY COMPANY

375 nw 24 street, l.l.c.

Certificate of Status	. 0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTCILES OF ORGANIZATION FOR 1 7 2 1 375 NW 24 STREET, LL.C., A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:
The name of the Limited Liability Company is:
375 NW 24 STREET, L.L.C.

ARTICLE II- Address:

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

588 NE 58 STREET MIAMI, FL 33137

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

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

THOMAS G. SHERMAN, ESQ., P.A. 218 ALMERIA AVENUE CORAL GABLES, FLORIDA 33134

ARTICLE IV PURPOSE

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V VOTING

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly refelect any additional contributions or withdrawals of capital by the members.

ARTICLE VI-Management (Check box if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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ARTICLE VII MANAGER

The MANAGER of the Limited Liability Company is:

NEIL SCHUSTER 588 NE 58 STREET MIAMI, FL 33134

> Print Name: Infomas G. Sherman Authorized Representative of a Manager

(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.)

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 registeful agent as provided for in chapter 608, F.S.

TROMAS G. SHERMAN, ESQ., P.A. REGISTERED AGENT'S SIGNATURE FILER 3: 45