

L03 0000000919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

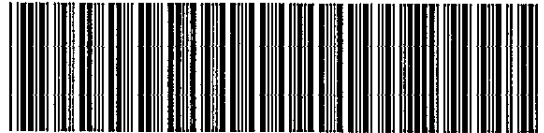
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100009662661

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JAN -8 PM 4: 07

RECEIVED

L03-919

CR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN -8 PM 1: 03

FILED



ACCOUNT NO. : 072100000032

REFERENCE : 884666 7361922

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 155.00

ORDER DATE : January 8, 2003

ORDER TIME : 12:32 PM

ORDER NO. : 884666-005

CUSTOMER NO: 7361922

CUSTOMER: Stephen I. Weichert
Gonzalez & Weichert, P.c.

127 East Mt. Pleasant Avenue

Livingston, NJ 07039

DOMESTIC FILING

NAME: GONZALEZ & WEICHERT, L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN -8 PM 1:08

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Gonzalez & Weichert, L.L.C.

ARTICLE II - Address:

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

777 41st 4th floor, Miami Beach, FL 33140, Attn: Phil Gross

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

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

Thomas M. Eboli
Name
5975 Cattlemen Lane
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FL 34232
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.

By: *Thomas M. Eboli*
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Steph Weichert
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.)

Stephen I. Weichert
Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 08 PM 1:08

FILED

Dec 31 2002 12:12PM

GONZALEZ & WEICHERT 973 9929397
ID: CSC TALLAHASSEE

No. 1788 P. 3

FAX: 850 5211010

PAGE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

Gonzalez & Weichert, L.L.C.

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

Thomas M. Eboli

(Name)

5975 Cattlemen Lane

Florida street address (P.O. Box NOT ACCEPTABLE)


Sarasota

FL

34232

(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.



(Signature)

FILED
DEC 31 2002
12:08 PM
STATE OF FLORIDA
TALLAHASSEE

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)