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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

505 Orton, LLC

30

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

**ARTICLES OF ORGANIZATION  
OF  
505 Orton, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: 505 Orton, LLC

**ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is: c/o 1164 Associates, LLC, Attn: Paul Johnson, 1164 East Oakland Park Blvd, Suite 300, Oakland Park, FL 33334.

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

<u>Name</u>	<u>Address</u>
Robert DeBenedictis	227 E 56 Street, Suite 400, New York, NY 10022


**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

**ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 5 day of February, 2003.

  
Signature of a member or an authorized representative of a member

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(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert DeBenedictis  
Typed or printed name of Signee

### 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: 505 Orton, LLC
2. The name and the Florida street address of the registered agent are:

Robert N. DeBenedictis c/o 1164 Associates LLC  
Attn: Paul Johnson

Name

1164 East Oakland Park Blvd Suite# 300  
Florida Street Address (P.O. Box NOT acceptable)

Oakland Park, Florida 33334  
City, State and Zip Code

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.

  
Signature

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