

L03000015911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

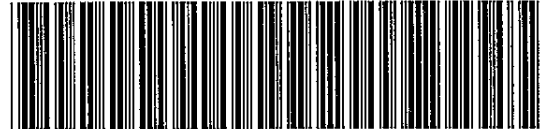
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/03--01089--011 **160.00

RECEIVED
03 MAY -2 PM 12:52
STATE
TALLAHASSEE, FLORIDA

FILED
03 MAY -2 PM 2:06
STATE
TALLAHASSEE, FLORIDA

BK

CT CORPORATION SYSTEM

CORPORATION(S) NAME

AB Green Lido, LLC

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FILED
STATE
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
Registration	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
Articles / Amends		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name	5/2/03	Order#: 5843230
Availability _____		
Document		
Examiner _____	BW	Ref#: _____
Updater _____		
Verifier _____		
W.P. Verifier _____		Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

AB Green Lido, LLC

ARTICLE II – Address:

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

142 Greene Street, 3rd Floor, New York, New York 10012

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

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

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, FL 33324

*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.*

CT CORPORATION SYSTEM

CONNIE BRYAN

By: Connie Bryan SPECIAL ASSISTANT SECRETARY
Registered Agent's Signature

By [Signature]
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.)

Barry P. Marcus, Authorized Representative of Member
Typed or printed name of signee

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