L03000031402

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000258653 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

03 AUG 21 PM 4:02 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 03 AUG 21 PM 4:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

PRIME
~~Parime~~ Development Fla LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$155.00

8-21-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Prime Development Fla LLC

ARTICLE II - Address:
The **mailing address** and **street address** of the principal office of the Limited Liability Company is:

99 Tulip Avenue, Ste. 308	99 Tulip Avenue, Ste. 308
Floral Park NY 11001	Floral Park NY 11001

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

National Corporate Research, Ltd., Inc.
Name

103 N. Meridian Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
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.

Colleen A. DeVries — Asst. V.P.
Registered Agent's Signature — Print Name & Title

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

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.)

Allen Kahan
Typed or printed name of signee

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)

03 AUG 21 PM 4:03