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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e#)
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(Bu	isiness Entity Nar	me)
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(DC	ocument Number)	İ
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	Partners L	LC	3 SB 3 FILED
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
		•	Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Si on atrus	<u> </u>	<u>. 4</u>	Fictitious Owner Search
Signature		!	Vehicle Search
			Driving Record
Requested by:	1.1 912	į	UCC 1 or 3 File
()	<u>W 13</u>		UCC 11 Search
Name	Date 7	<u> Fime</u>	UCC 11 Retrieval
Walk-In	Will Pick Up _	_ 	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE H - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:	
-	93	
Principal Office Address:	Mailing Address	><
20 5000Nbill 12	185 E 8514 St. # 19H 8	~~~{
manalopan, FL.	NY ~7 10028 36	رن
33462		
	stered Office, & Registered Agent's Signature:	
ARTICLE IU - Registered Agent, Regis		
	I the registered agent are:	
ARTICLE IU - Registered Agent, Regis	I the registered agent are:	
ARTICLE IU - Registered Agent, Regis The name and the Florida street address of Sandra west 20 5000 hi	f the registered agent are: Name	
ARTICLE IU - Registered Agent, Regis The name and the Florida street address of Sandra west 20 5000 hi	f the registered agent are:	
ARTICLE IU - Registered Agent, Regis The name and the Florida street address of Sandra west 20 5000 hi	Name Sess (P.O. Box NOT acceptable)	

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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ber
MGRM	SANDRA Weitz
	20 some shill and
	mountagon, FL 33962 700 4
MGRM.	Alexandra Altman
Production .	1070 pack are
	NY NY 10128
	According to the second
(Use attachment if necessary)
NOTE: An additional arti	cle must be added if an effective date is requested.
DECHIDED SICKATURE	· •
REQUIRED SIGNATURE	: :
REQUIRED SIGNATURE	.:
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al	etan de Oltman of a member or an authorized representative of a member.
Signature (In accord	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution
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Signature (In accord of this doe that the fa	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury cts stated herein are true.)
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Signature (In accord of this doe that the fa	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution current constitutes an affirmation under the penalties of perjury cts stated herein are true.) Ancing Attach Typed or printed name of signec
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Signature (In accord of this doe that the fa	of a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution current constitutes an affirmation under the penalties of perjury cts stated herein are true.) Arredna Atanan Typed or printed name of signec Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2