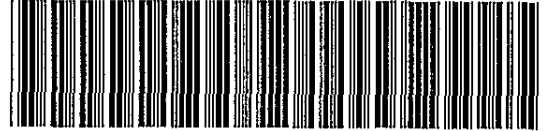


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03 OCT -9 AM 10:45

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



**000023373920**

10/03/03--01073--024 \*\*130.00

**AL**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

FILED

**TO:** Registration Section  
Division of Corporations

03 OCT -3 AM 10: 35

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**SUBJECT:** TIME OUT, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eyal COHEN

(Name of Person)

(Firm/Company)

18210 Paulson Drive, Unit 6B

(Address)

Port Charlotte, FL 33954

(City/State and Zip Code)

For further information concerning this matter, please call:

Eyal COHEN

(Name of Person)

at ( 941 ) 628-2296

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

03 OCT -3 AM 10:35

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TIME OUT, LLC

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

1300 Estor Blvd.  
Ft. Myers Beach, FL 33931

**Mailing Address:**

18210 Paulson Drive Unit 6B  
Port Charlotte, FL 33954

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

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

Eyal COHEN

Name

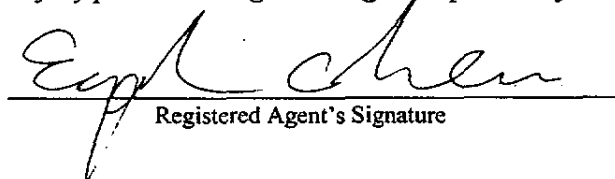
18210 Paulson Drive, Unit 6B

Florida street address (P.O. Box **NOT** acceptable)  
Port Charlotte

FL 33954

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..*

  
Registered Agent's Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

FILED

03 OCT -3 AM 10: 35

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

NEW JERSEY STATE  
TALLAHASSEE, FLORIDA

MGRM

Eyal COHEN

749 Merrick Lane

Port Charlotte, FL 33948

MGRM

Moshe AMSALEM

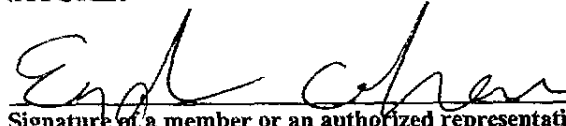
749 Merrick Lane

Port Charlotte, FL 33948

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

Eyal COHEN

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)