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TALLAHASSEE, FLORIDA

J. BRYAN JAN 8 2004

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TALLAHASSEE, FLORIDA

December 31, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Mike Stein Associates, LLC

Dear Sir or Madam:

Enclosed, please find original and one copy of the articles of organization and a check for \$125 filing fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Robert D. Schwartz

w/enc.

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

MIKE STEIN ASSOCIATES, LLC

**ARTICLE II - Address**

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

8927 Majorca Bay Drive, Lake Worth, Florida 33467

**ARTICLE III - Duration**

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

**ARTICLE IV - Management**

**(check the appropriate statement and complete each one)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ 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:

Mike Stein, 8927 Majorca Bay Drive, Lake Worth, Florida 33467

**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 upon approval of all of the Members.


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**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 upon approval of all of the remaining Members.

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**

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

  
\_\_\_\_\_  
Typed or printed name of signee

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**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 and address of the limited liability company are: MIKE STEIN ASSOCIATES, LLC, 8927 Majorca Bay Drive, Lake Worth, Florida 33467.
2. The name and the Florida street address of the registered agent are:

ROBERT D. SCHWARTZ  
4700 N.W. Boca Raton Blvd, Suite B-201, Boca Raton, Florida, 33431

*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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