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ATTAMASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: EIS ASSOCIATES, L.L.C. (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:
DAVID E. EISENBERG (Name of Person)
WHARTON EQUITY PARTNERS (Firm/Company)
700 WEST DILIDO DRIVE
MIAMI BEACH, FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID E. EISENBERG at 305 538-5307 (Home) (Name of Person) (Area Code & Daytime Telephone Number)
(917) 992-4664 (Gll#)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



		-		-
$\Delta R'$	171671	.н. т	- N	ame:

The name of the Limited Liability Company is:

EIS ASSOCIATES, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	_	Mailing Address:
DAVID E. EISENBERG		EIS ASSOCIATE, LLC.
700 W. DILIDO DRIVE		c/o DAVID E. EISENBERG
MIAMI BEACH FL 33139	- -	700 W. DILIDO DRIVE
		MIAMI BEACH, FL 33139

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

DAVID E. EISENBERG

Name

700 W. DILIDO DRIVE

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACHFLORIDA 33139

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

All All Control of the Control of th The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MIAMI BEACH, FL 33139 (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.)

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

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)

Typed or printed name of signee