L04000030863

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600032584016

04 APR 22 PH 12: 5

US STR 22 AM 10: 52

M



ACCOUNT NO. : 07210000032

REFERENCE: 583428

AUTHORIZATION :

COST LIMIT :

ORDER DATE: April 21, 2004

ORDER TIME : 9:12 AM

ORDER NO. : 583428-005

CUSTOMER NO: 7113645

CUSTOMER: Peter Riccobene, Esq

Teschon, Riccobene & Siss P.a.

327 Godwin Avenue

Midland Park, NJ 07432

DOMESTIC FILING

NAME: GULF STREAM INVESTMENTS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

Certificate of Formation

OLERACE PHID: SI Gulf Stream Investments, LI

The undersigned, in order to form a Limited Liability Company pursuant of the provision of the law of the State of Florida, hereby certifies:

Article One NAME

The name of the limited liability company is Gulf Stream Investments, LLC the address of the principal office of the company is 700 Wright Way Gulf Stream, FL 33483

Article Two **DURATION**

The period of duration for this Limited Liability Company is thirty (30) years from the de of filing of the Certificate of Formation with the Secretary of State, unless sooner dissolved, extended by the members or the company.

Article Three REGISTERED AGENT AND OFFICE

The address of the limited liability company's initial registered office is 700 Wright Wa Gulf Stream, FL 33483, and the registered agent of the partnership at that address shall be Jonathan B. Bulkeley.

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 provision 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 it Chapter 608 F.S.

/s/Jonathan B. Bulkeley

Jonathan B. Bulkeley

Article Four PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in a activity within the purposes for which a limited liability company may be organized under Floris Limited Liability Company Statutes.

Article Five MANAGEMENT AND MEMBERS

The business of the company shall be conducted under the exclusive management of members who shall vote according to their proportionate interest in the company and shall ha exclusive authority to act for the company in all matters.

Article Six EFFECTIVE DATE OF FORMATION

This Certificate of Formation is to be effective as of the date of its filing with the Flori Secretary of State.

Article Seven AUTHORIZATION OF AGENT

Jonathan B. Bulkeley, states that he is an "authorized person" so that he can sign to Certificate of Formation. I have executed this Certificate of Formation and certified this as my and deed and the facts herein stated as true, this April 21, 2004. In accordance with section 608,408(3) Florida statutes its execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

/s/Jonathan B. Bulkeley
Jonathan B. Bulkeley