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TRANSMITTAL LETTER

The As the Book of the Control of th TO: Registration Section Division of Corporations BUILDING 710/2700, 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: ABBIE R. SALT (Name of Person) BUILDING 710/2700, LLC (Firm/Company) 710 NE 126 STREET (Address) NORTH MIAMI, FL 33161 (City/State and Zip Code) For further information concerning this matter, please call:

STREET ADDRESS:

(Name of Person)

ABBIE R. SALT

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

(Area Code & Daytime Telephone Number)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: BUILDING 710/2700, LLC ARTICLE II - Address:						
ARTICLE I - Name: The name of the Limited L	iability Compan	y is:		THE SECOND SECOND		
BUILDING 710/2700, LLC						
ARTICLE II - Address: The mailing address and str	reet address of th	he principal o	ffice of the Limited Lis			
Principal Office Address:	,	-	Mailing Address:	- ~		
710 NE 126 STREET			710 NE 126 STREET			
NORTH MIAMI FL 33161			NORTH MIAMI, FL 3316	51		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:						
ABBIE I	R. SALT					
-	Ŋ	lame				
	126 STREET lorida street addres	s (P.O. Box <u>NQ</u>	T 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, Florida Statutes..

City, State, and Zip

FLORIDA 33161

NORTH MIAMI

Page 1 of 2 (CONTINUED)

The name and address of oden	Manager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	The second se
"MGRM" = Managing Membe	r
ABBIE R. SALT	MGR
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	-
alılır	i L- Malt
	per or an authorized representative of a member.
(In accordance with s of this document cons that the facts stated h	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
ABBIE R. SALT	
Т	yped 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)