

## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000192563 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

1 (212)431-5000

Fax Number

; (212)431-1441

## LIMITED LIABILITY COMPANY

Oceanfront LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125,00

Encironic Filing Manua

Composate Filing

Rublic Access Halo

9/24/04

H040001925633

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Oceanfront LLC		Avec.
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	•
9 Tennyson Drive	99 Tenny≤on Drive	-
Nanuet, NY 10520	Nanuet, NY 10520	_ ;
,	,	
	•	
		- :
	stered Office, & Registered Agent's Signature: of the registered agent are:	<del>-</del> ;
The name and the Florida street address o	of the registered agent are:	וואומי יי איזואומי
	of the registered agent are:	AGISIARE
The name and the Florida street address o	f the registered agent are:	DIALESTAL
The name and the Florida street address of Dr. Douglas Lipman  10523 Laurel Estates L	of the registered agent are:	SIGNOF CO
The name and the Florida street address of Dr. Douglas Lipman 10523 Laurel Estates L	Name Sana Constable Not acceptable	SIGH OF CORPO

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..

Page 1 of 2 (CONTINUED)

red Agent's Signature

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

inte; 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	
MGRM	Stephen Wechster
<del></del>	99 Tennyson Drive
•	Nanuet, NY 10954
	Carrier -
,	v
(Use attachment if necessary)	
(Ose attachment it necessary)	
•	
= · • · · · · · · · · · · · · · · · · ·	e added if an effective date is requested.
REQUIRED SIGNATURE:	C 24
REQUIRED SIGNATURE:	
1 to tolke he	
Dinter (5) a trensher or an i	authorised representative of a metader-
(In accordance with section 60	8.408(3), Florida Statutes, the execution

Filing Feet:
\$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)

that the facts stated herein are true.)

Stephen Wechsler, Member
Typed or printed name of signee

Page 2 of 2