Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180

; (305)357-5775

Phone

Fax Number

: (305)357-5534

LIMITED LIABILITY COMPANY

Empire State Towers, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMPIRE STATE TOWERS, LLC

ARTICLE II - Address:

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

429 Lenox Avenue 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 Shear
Name
201 Alhambra Circle, Suite 601 Florida street address (P.O. Box NOT acceptable)
Coral Gables, FL 33134 City, State, and Zip
City, State, and Zip

Having been named as registered agent and to accept servige of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the apploininent as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes felling to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 608, F S.

Registered Agent's Stepathre

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers as	nd is, the	ercfore,
a manager - managed company.	SECIL	040
5	LASSEL LASSEL	3
Signature of a member or an authorized tepresentative of a member.	S 3	m
(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.)	9:31	J
David Shear. Authorized Representative Typed or printed name of signes	,	