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From:

: C T CORPORATION SYSTEM Account Name

Account Number : PCA000000023 Phone

: (650)222-1092

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## LIMITED LIABILITY COMPANY

A.F.A.B. Investment Group LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| •                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                    |
| incipal office of the Limited Liability Company is:                                                                                                                                                                                                                |
| Mailing Address:                                                                                                                                                                                                                                                   |
| 12087 NW 76TH PLACE                                                                                                                                                                                                                                                |
| PARKLAND FL 33076                                                                                                                                                                                                                                                  |
| ress (P.O. Box NOT acceptable)                                                                                                                                                                                                                                     |
| FL                                                                                                                                                                                                                                                                 |
| nd Zip                                                                                                                                                                                                                                                             |
| sccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. |
|                                                                                                                                                                                                                                                                    |

(CONTINUED)

Page 1 of 2

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member         | Name and Address:                                                                                                               |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| MGRM                                                           | RICHARD L RIESENBERG                                                                                                            |
|                                                                | 12087 NW 76TH PLACE                                                                                                             |
|                                                                | PARKLAND FL 33076                                                                                                               |
| MGRM                                                           | ROB DelGIACCO                                                                                                                   |
|                                                                | 6708 NW 110TH WAY                                                                                                               |
|                                                                | PARKLAND FL 33076                                                                                                               |
| MGRM                                                           | HARRIET SONSKY                                                                                                                  |
|                                                                | 5960 NW 99TH WAY                                                                                                                |
|                                                                | PARKLAND FL 33076                                                                                                               |
| (Use attachment if necessary)                                  |                                                                                                                                 |
| NOTE: An additional article mu                                 | st be added if an effective date is requested.                                                                                  |
| REQUIRED SIGNATURE:                                            | 142                                                                                                                             |
| Signature of a specin                                          | her or an authorized rapresentative of a member.                                                                                |
| (In accordance with of this document corthact the facts stated | section 608.408(3), Florida Statutes, the execution satitutes an affirmation under the penalties of perjury d herein are true.) |
| RICHARD L. RIES                                                | SENBERG                                                                                                                         |
| <del></del>                                                    | Typed or printed name of signee                                                                                                 |

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\$ 5.00 Certificate of Status (Optional)

Page 2 of 2