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(Address)

(City/State/Zip/Phone #)

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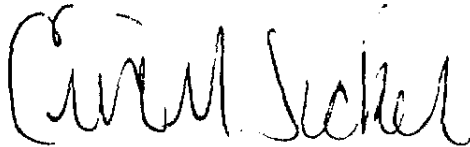


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[Illegible stamp]

This cover letter contains the name, address, and daytime phone number of the person who should receive all correspondence concerning the Articles of Organization for AEJ Holdings, LLC.

Erin Sicker  
3791 NE 209<sup>th</sup> Terrace  
Aventura, FL 33180  
(305) 931-7663

Sincerely,

A handwritten signature in cursive script, appearing to read "Erin M. Sicker". The signature is written in black ink and is positioned below the word "Sincerely,".

Erin Sicker

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AEJ Holdings, 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:

Erin Sicker  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3791 NE 209th Terrace  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erin Sicker at ( 305 ) 931-7663  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AEJ Holdings, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

Erin Sicker

3791 NE 209th Terrace

Aventura, FL 33180

#### Mailing Address:

Erin Sicker

3791 NE 209th Terrace

Aventura, FL 33180

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Erin Sicker

Name

3791 NE 209th Terrace

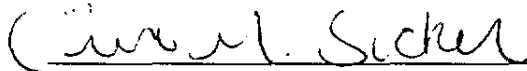
Florida street address (P.O. Box **NOT** acceptable)

Aventura,

FL 33180

City, State, and Zip

*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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Erin Sicker

3791 NE 209th Terrace

Aventura, FL 33180

MGRM

Eileen Moran

104 Robert Ct.

Turnersville, NJ 08012

MGR

Robert Ruchinskas

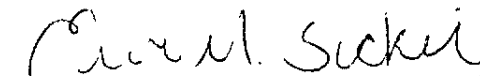
104 Robert Ct.

Turnersville, NJ 08012

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(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.)

Erin Sicker

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**