

W05 0000 0000 47

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.

((H04000256118 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 : RUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

RECEIVED

04 DEC 30 AM 7:35

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Nexus Las Olas, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 30 AM 8:54

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

W05-47
df

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Nexus Las Olas, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3275 Vets Highway, Suite B12

3275 Vets Highway, Suite B12

Ronkonkoma, NY 11779

Ronkonkoma, NY 11779

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

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

Jimmy Rojas

Name

347 N. New River Drive East

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Lauderdale, FL 33441

(City / State / 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.

2004 DEC 01 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Registered Agent's Signature - Jimmy Rojas

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

Michael Danzi- 19 Viking Drive, West Islip, NY 11795

MGRM

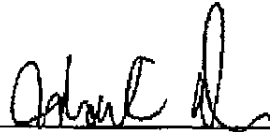
Gregory Tamasi- 21 Starling Place, Farmingville, NY 11738

MGRM

Jimmy Rojas- 180 Old Country Road, Melville, NY 11747

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Michael Danzi

Typed or printed name of signer

2004 DEC 30 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED