

L05000003169

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850) 205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

fe-fa properties llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ferfa Properties LLC

ARTICLE II - Address:

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

Principal Office Address:

2560 Mayfair Lane
Weston, FL 33327

Mailing Address:

2560 Mayfair Lane
Weston FL 33327

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

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

Farideh Gozleveli, Ph.D.
Name

2560 Mayfair Lane
Florida street address (P.O. Box **NOT** acceptable)
Weston FL 33327
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 603, F.S.

Farideh Gozleveli

Registered Agent's Signature

(CONTINUED)

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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:MGR

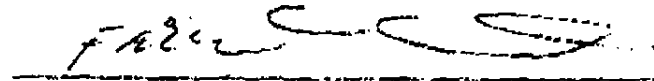
Farideh Gozleveli, Ph.D.
2560 Mayfair Lane
Weston FL 33327

MGRM

Fauzia Jaffer
2700 Walkers Way
Weston FL 33331

(file 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 608.404(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Farideh Gozleveli, Ph.D.
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 10.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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