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| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | (D-                     |                   |           |
|--|-------------------------|-------------------|-----------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (ке                     | questor's Name)   |           |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                         |                   |           |
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| Special Instructions to Filing Officer:  | Certified Copies        | _ Certificates    | of Status |
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SECRETAN DE STATE
TALLAHASSEE, FLORIDA

4

## TRANSMITTAL LETTER

| TO: Registration Sec<br>Division of Cor       |   | *                                      | ÷ .                                     |   |         |
|---|---|--|---|---|---------|
| SUBJECT: LiNo L.L.C                           | C. (Name of Limited                       | Liability Company)                     |   | -   |         |
|   | Organization and fee(s) are st            |  |   |   |         |
| Please return all correspondent               | ondence concerning this matter            | r to the following:                    |   |   |         |
| Chaim KI                                      |   |  |   |   |         |
|   | (1  | lame of Person)                        |   |   |         |
|   |   |  |   |   |         |
|   |   | irm/Company)                           |   | <u></u>   |         |
|   | (•  | ······································ |   |   |         |
| 301 174th S                                   | Street Suite# 2214                        |  |   |   |         |
| 20111701                                      | Strott Callon E211                        | (Address)                              |   |   |         |
|   |   |  |   | -1 12   |         |
| Sunn  | y Isles Beach, Florida 3316               | 0                                      |   | SEC   |         |
| <del></del>                                   | (City/                                    | State and Zip Code)                    | - · · · · · · · · · · · · · · · · · · · | ARE TO  | 1       |
| For further information                       | concerning this matter, please            | call·                                  |   | 2004 JAN 12 PH 12: 28 SECRETARY OF STATE FALLAHASSEE, FLORIDA | TELLE I |
| You rarder miormation                         | oncoming and matter, please               | oaii.                                  |   | F R   |         |
| Neer Kleinman                                 |   | at                                     |   | H 12: 28<br>STATE<br>FLORID                                   |         |
| (Name   | of Person)                                | (Area Code & Daytime Te                | elephone Number)                        | 28<br>TE<br>(IDA  |         |
| Enclosed is a check fo                        | r the following amount:                   |  |   | •   |         |
| <b>Ø</b> \$125.00 Filing Fee                  | ☐ \$130.00 Filing Fee &                   | ☐ \$155,00 Filing Fee &                | ☐ \$160.00 Filing                       | g Fee.  |         |
| <b>4.</b> (-2                                 | Certificate of Status                     | Certified Copy                         | Certificate of Stat                     | •   |         |
|   |   | (additional copy is enclosed)          | Certified Copy (additional copy is en   | iclosed)  |         |
| STRE  | ET ADDRESS:                               | MAILING A                              | DDRESS:                                 |   |         |
| Regist  | Registration Section Registration Section |  |   |   |         |
| Division of Corporations 409 E. Gaines Street |   | Division of Co<br>P.O. Box 632         |   |   |         |
|   | assee, Florida 32399                      | Tallahassee, F                         | lorida 32314                            |   |         |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |   |
|---|---|
| The name of the Limited Liability Company is:   |   |
| LiNo L.L.C.   |   |
| ARTICLE II - Address: The mailing address and street address of the pr                              | incipal office of the Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:                                    |
| 301 174th Street Suite# 2214  | 301 174th Street Suite# 2214                        |
| Sunny Isles Beach, Florida 33160  | Sunny Isles Beach, Florida 33160                    |
|   |   |
| ARTICLE III - Registered Agent, Registered  | l Office, & Registered Agent's Signature:           |
| The name and the Florida street address of the r  | registered agent are:                               |
| Chaim Kleinman  |   |
| Name  |   |
| 301 174th Street Suite# 221   | 4   |
|   | dress (P.O. Box NOT acceptable)                     |
| Sunny Isles Beach,  | FL 33160  |
| City, State,  | and Zip   |
| liability company at the place designated in t<br>registered agent and agree to act in this capacit | CRETAR SS   |

(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   | Chaim Kleinman 301 174th Street Suite# 2214 Sunny Isles Beach, Florida 33160      |  |  |  |
| MGRM   | Neer Kleinman<br>3500 Mystic Pointe Drive Suite# 3202<br>Aventura, Florida, 33180 |  |  |  |
|  |   |  |  |  |
|  | 144-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-   |  |  |  |
| (Use attachment if necessary)  |   |  |  |  |
| NOTE: An additional article must be added if an effective date is requested.   |   |  |  |  |
| 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 herei<br>Chaim Kleinman  | n are true.)  |  |  |  |
| 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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA