Florida Department of State

Division of Corporations Public Access System

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(((H05000022824 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121 : (239)649-6200 Phone

Fax Number

: (239)261-3659

LIMITED LIABILITY COMPANY

Sobay Partners II, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|--|--|
| SoBay Partners II, LLC | | |
| ARTICLE II - Address: The mailing address and street address of the print | ncipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 3110 NE 2nd Avenue | 3110 NE 2nd Avenue | |
| Miami, Florida 33137 | Miami, Florida 33137 | |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: | |
| The name and the Florida street address of the re | gistered agent are: | |
| R&A Agents, Inc., Attn: Michael | J. Haas | |
| Name | | |
| 2320 First Street, Suite 1000 | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| Fort Myers, Florida 33901 FL | | |
| City, State, and Zip | | |
| liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per | ccept service of process for the above stated limited is 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 iered 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> | Name and Address: |
|---------------------------------------|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MCDIA | Dan Pfeffer |
| MGRM | |
| | 417 Fifth Avenue, 9th Floor |
| | New York, New York 10016 |
| MGRM | Michael Samuel |
| | 3110 NE 2nd Avenue |
| | Miami, Florida 33137 |
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| | <u> </u> |
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| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article m | ust be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| | _ |
| $\mathcal{C}^{\mathcal{C}}$ | Jany Jeannes |
| | Jany Jermas |
| Signature of a men | mber of an authorized representance of a member. |
| of this document co | n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.) |
| Mary | Jennings |
| | Typed or printed name of signee |
| | |
| Filing Fees: | |
| \$125.00 Filing Fee for Articles of O | resuization and Designation |
| of Registered Agent | - Barners and the Angle of Ang |
| \$ 30.00 Certified Copy (Optional) | |
| \$ 5.00 Certificate of Status (Option | na() |

SECRETARY OF STATE