Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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: ROETZEL & ANDRESS

يتا بنات السائل

Phone

(239) 649-6200

Fax Number

(239)261-3659

LIMITED LIABILITY COMPANY

Sobay Partners IV, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY	Z COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Comp	·		
SoBay Partners IV, LLC			
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liabil	ity Company is:	्रा के शिक्षक स
Principal Office Address:	Mailing Address:		
3110 NE 2nd Avenue	3110 NE 2nd Avenue	•	. a.
Miami, Florida 33137	Miami, Florida 33137		* ,, *: *
	A PART OF THE STATE OF THE STAT		t
		· · · · ·	-
2320 First Street, Suite	Name 1000		
	treet address (P.O. Box NOT acceptable)		
Fort Myers, Florida 339 City	, State, and Zip	-	f .≒ <u>w</u> .+
liability company at the place designaregistered agent and agree to act in this a statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the abouted in this certificate, I hereby accept the appacity. I further agree to comply with the olete performance of my duties, and I am factoristered agent as provided for in Chap	ppointment as provisions of all mi <u>lia</u> r with and] -]

(CONTINUED)

Page 1 of 2

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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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		~ <u>-</u>
MGRM	Dan Pfeffer	
	417 Fifth Avenue, 9th Floor	
	New York, New York 10016	-
MGRM	Michael Samuel	
	3110 NE 2nd Avenue	
	Miami, Florida 33137	_
		-
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		-
		
		
(Use attachment if necessary)	e de la companya de l	
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:		

Signature of a member of 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.)

Mary Jennings, authorized representative

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)

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TALLAHASSEE, FLORID 39
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