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(Req	questor's Name)
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(City	/State/Zip/Phone #)
PICK-UP	
(Busi	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer

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CORPORATION SERVICE COMPARY

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ACCOUNT NO. : 07210000032	
REFERENCE : 200267 7354176	
AUTHORIZATION : Patratucia injust	
COST LIMIT : \$ 125.00	う
ORDER DATE : February 11, 2005	-
ORDER TIME : 4:21 PM	
ORDER NO. : 200267-005	
CUSTOMER NO: 7354176	
CUSTOMER: Stuart W. Goldstein, Esq Law Offices Of Stuart W. Goldstein 22nd Floor 1740 Broadway New York, NY 10019	
DOMESTIC FILING	
NAME: FLORIDA ATLANTIC HOLDINGS LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	

*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING
- CONTACT PERSON: Amanda Haddan EXT. 2955 EXAMINER'S INITIALS:

FEB-11-2005 14:27



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Principal Office Address:

BB Sleepy Hollow Road

Briarcliff Manor, NY 10510

Mailing Address;

c/o Howard Elechman

88 Sleepy Hollow Road

Briarcliff Manor, NY 10510

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida sureet address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FLORIDA 32301 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 608, Florida Statutes.

Corporation Service Company Jeanine Reynolds as its agent By: Registened Agent's Signature

Page 1 of 2 (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM

Howard Blechman 68 Sleepy Hollow Road

Briarcliff Manor, NY 10510

Name and Address:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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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 herein are true.)

By: Howard Blechman

Typed or printed name of signee

Filing Fers:

- \$100.00 Filing Fcc for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)