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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

LIMITED LIABILITY COMPANY

SHIMABUKURO HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHIMABUKURO HOLDINGS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5667 HAYES STREET  
HOLLYWOOD, FL 33021

**Mailing Address:**

43-1B EDWARDS STREET  
ROSLYN HEIGHTS, NY 11577

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

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

CARLOS ALBERTO SHIMABUKURO

Name

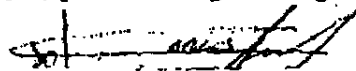
5607 HAYES STREET

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

HOLLYWOOD, FL 33021

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, F.S..*



Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:**

MGRM

CARLOS ALBERTO SHIMABUKURO

43-1B EDWARDS STREET

ROSLYN HEIGHTS, NY 11577

(Use 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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOAN M. GRAHAM

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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