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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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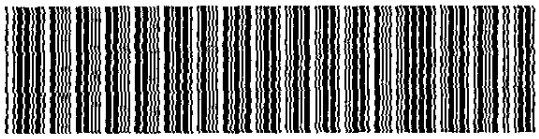

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This packet contains 2 (LLC's) Articles of Organization

TRANSMITTAL LET

TO: Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, FL 32399

SUBJECT: 514 Hanover Lane , LLC

The enclosed Articles of Organization and fee(s) are

Please return all correspondence concerning this matter to the following:
J. MARK FISHER
(Name of Person)

LAW OFFICE OF J. MARK FISHER - ATTN: Sandy
(Firm/Company)

148 Miracle Strip Pkwy. SE, Suite 2
(Address)

Ft. Walton Beach, FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:
J. Mark Fisher at (850) 244-8989
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: **514 Hanover Lane, LLC**

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
One St. Andrew's Plaza	One St. Andrew's Plaza
New York, NY 10007	New York, NY 10007

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

Name: **J. Mark Fisher**, Attorney-at-Law
Address: 148 Miracle Strip Pkwy, SE, Suite 2
Ft. Walton Beach, FL 32548
(P.O. Box **NOT** acceptable)

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

05 MAR 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:**
MGR	**MARCUS A. ASNER** One St. Andrew's Plaza New York, NY 10007
MGRM	**KIMBERLY K. ASNER** 900 S. Skyline Drive Carbondale, IL 62901

(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.)

MARCUS A. ASNER
Typed or printed name of signee

STATE OF NEW YORK
COUNTY OF NEW YORK

The foregoing instrument was acknowledged before me this 27th day of January 2015 by **MARCUS A. ASNER** who is personally known to me ~~or who has produced~~ ~~identification~~ and who did not take an oath.

05 MAR 16 AM

NOTARY PUBLIC
JANE GRU
Notary Public, State of New York
No. 31-4988354
Qualified in New York County
Commission Expires November 6, 2015

Filing Fees:

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