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Florida Department of State  
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**LIMITED LIABILITY COMPANY**

**orchid circle LLC.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION  
FOR  
ORCHID CIRCLE L.L.C.

ARTICLE I  
Name

The name of the Limited Liability Company is ORCHID CIRCLE L.L.C.

ARTICLE II  
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 5185 Conklin Drive, Delray Beach, Florida 33484.

ARTICLE III  
Duration

This period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV  
Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Limited Liability Company Act.

ARTICLE V  
Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be LISA I. GLASSMAN, P.A., 2627 NE 203<sup>rd</sup> Street, Suite 100, Aventura, FL 33180 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa I. Glassman, Esq.

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**ARTICLE VI**

**Management**

The Limited Liability Company is to be managed by five (5) managers and the names and the addresses of the managers are:

Lynn Lappin  
5185 Conklin Drive  
Delray Beach, FL 33484

Rochelle Steinman  
12334 St. Simon Drive  
Boca Raton, FL 33428

Martin Yaged  
11 Appaloosa Drive  
Manalapan, NJ 07726

Frank Berthume  
2004 Bridgewood Drive  
Boca Raton, FL 33434


Richard Heyman  
44 Roxiticus Road  
Far Hills, NJ 07931

**ARTICLE VII**

**Effective Date**

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of April 8, 2005, which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representative of a member of ORCHID CIRCLE L.L.C. hereby executes these articles of organization on this 15 day of April, 2005.

  
Lynn Lappin

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO BE DESIGNATED A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **ORCHID CIRCLE L.L.C.**
2. The name and the Florida street address of the registered agent and office are:

Lisa I. Glassman, Esq.  
LISA I. GLASSMAN, P.A.,  
2627 NE 203<sup>rd</sup> Street, Suite 100  
Aventura, FL 33180

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.

  
Lisa I. Glassman, Esq.

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