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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Miami 4 LLC

Certificate of Status	1
Certified Copy	0
Page Count	02-3
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Miami 4 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:

13230 Polo Club Road, A207

13230 Polo Club Road, A207

Wellington, FL 33414

Wellington, FL 33414

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

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

**David Sherwin**

Name

**13230 Polo Club Road, A207**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Wellington, FL 33414**

(City / State / 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.*

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Registered Agent's Signature - David Sherwin

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>David Sherwin- 13230 Polo Club Road, A207, Wellington, FL 33414</u>
<u>MGRM</u>	<u>Randall Rifelli- 4 High Acres Drive, Thornwood, NY 10594</u>
<u>MGRM</u>	<u>Richard Flamio- 4 Santa Monica Drive, Eastchester, NY 10709</u>
<u>MGRM</u>	<u>James Garito- 14 Deerhill Lane, Briarcliff Manor, NY 10510</u>

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or 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. )

**David Sherwin**

Typed or printed name of signee

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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