Florida Department of State Division of Corporations

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

DIVISION OF

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (305)672-0686

Fax Number

: (305)672-9110

LIMITED LIABILITY COMPANY

Augustine Realty Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

FOR

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FLORIDA LIMITED LIABILITY COMPANY SECRETARY UF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Augustine Realty Associates, 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:

c/o Tarantin Tank & Equipment Co., Inc. 86 Vanderveer Road Freehold, New Jersey 07728 c/o Tarantin Tank & Equipment Co., Inc. 86 Vanderveer Road Freehold, New Jersey 07728

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida Street Address of the Registered Agent are:

Fox Rothschild LLP 250 Australian Avenue S. West Palm Beach, Florida 33401 Attention: Phillip E. Griffin, Esq.

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 um familiar with and accept the obligations of my position as registered agent as provided by in Chapter 608. Florida Statutes.

Fox Rothschild LLP

By: Man & Kan & Sy.

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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:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title: "MGR" - Manager

"MORM" = Managing Member

MGRM

Thomas A. Tarantin 320 McKinley Place Avon By the Sea New Jersey 07717

Name and Address:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with Section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)