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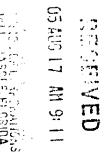
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:
Office Use Only



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Schrofate Research Requester's Name Address City/State/Zip Phone #	3484	TALLAHASSEE FLORIDA TRICE Use Only
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if kn	own):
1. 113 Washington (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	. .
(Corporation Name)	(Document #)	
		Certified Copy
Walk in Pick up time Wall out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS	REGISTRATION/QUA	LIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: 143 WASHINGTON LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com Principal Office Address: Mailing Address: 19540 Planters Pointe Drive 19540 Planters Pointe Drive Boca Raton, Florida 33434 Boca Raton, Florida 33434

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

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

Richard Karyo	
	Name
19540 Planters Po	inte Drive
Florida street addre	ess (P.O. Box NOT acceptable)
Boca Raton	_{FL} 33434
City	State and Zin

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

(CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Richard Karyo	
	19540 Planters Pointe Drive	
	Boca Raton, Florida 33434	
MGRM	Michel Karyo	
	5539 North Military Trail, Apt. 2002	
	Boca Raton, Florida 33496	
MGRM	Armand Karyo	
	3 Short Drive	
	Roslyn, New York 11576	
MGRM	Catherine Shiff	
	75 Hazelwood Drive	
	Jericho, New York 11753	

(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.)

Richard Karyo

Typed or printed name of signee

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)