

L05000082743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

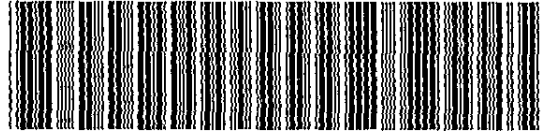
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



300058177773

FILED
05 AUG 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG 22 PM 2:49
CLERK OF COURTS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 555767 4305845

AUTHORIZATION :

Patricia Pyle

COST LIMIT : \$ 125.00

05 AUG 22 PM 3:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 22, 2005

ORDER TIME : 1:37 PM

ORDER NO. : 555767-005

CUSTOMER NO: 4305845

CUSTOMER: Leah R. Harary
Willkie Farr & Gallagher LLP

787 Seventh Avenue

New York, NY 10019-6099

DOMESTIC FILING

NAME: BETSY ROSS INVESTORS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BETSY ROSS INVESTORS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1841 Broadway
Suite 1009
New York, NY 10023

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

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

Corporation Service Company
Name

1201 Hays Street
Florida street address

Tallahassee, FL 32301
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.

Cynthia L. Harris
as its agent

Cynthia L. Harris
Registered Agent's Signatures

(CONTINUED)

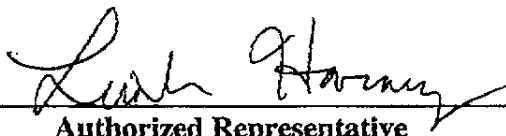
FILED
05 AUG 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Manager:

The name and address of the Manager is as follows:

William Jacobs
41 Drake Road
Scarsdale, NY 10583

REQUIRED SIGNATURE:



A handwritten signature in cursive script, appearing to read "Leah Harary", is written over a horizontal line.

Authorized Representative

(In accordance with a 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.)

Leah Harary, Esq.

Typed or printed name of signee