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(((H05000202484 3)))

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Œ 05 AUG 23 Division of Corporations : (850)205-0383 Fax Number

Account Name Account Number : 104662003400

: HUBCO

Phone

: (516)935-3940

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

Peninsula Unit 1904, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate, Filing,

Public Access Help.

8/23/2005

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ARTICLES OF ORGANIZATION FOR TORIDALIMITED LIABILITY COMPANY

	LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Company is: Peninsula	Unit 1904, 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:
15 Sidehill Lane	15 Sidehill Lanc
<u>Youkers, NY 10710</u>	Yonkers, NV 10710
	and the second s
ARTICLE III - Registered Agent, Registered Office The name and Florida street address of the registered agent are: Daniel Kohn	
	Name
8991 N.W. 12th	Place
(P.O. Box or N	fail Drop Box <u>NOT</u> Acceptable)
Plantation, FL 3	
(C	ity / State / Zip)
Having been named as registered agent and to accept servi at the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligati Chapter 608, F.S.	ne appointment as registered agent and agree to act in this I statutes relating to the proper and complete performance

Registered Agent's Signature - Daniel Kohn

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	Manager(s) or Managing Member(s): ss of each Manager or Managing Member is as follows:	<u> </u>
Title: "MGR" = Manager "MGRM" = Manager	Name and Address: ng Member	
MGRM	Brian Pecker- 15 Sidehill Lane, Yonkers, NY 10710	_
	e de la proposició de la compansació d La compansació de la	_
(r		_
	المرافق الم	-
(Use attachment if no		
REQUIRED SIGN	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.)	
	Brian Pecker	
	Typed or printed name of signee	

SECRETARY OF STATE AS SECRETARY OF STATE