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Division of Corporations

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

From:
Account Name : RITTER, RITTER & ZARETSKY
Account Number : I20010000015
Phone : (305)372-0933
Fax Number : (305)372-0836 / 305-675-6315

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RETURN ONE TO: BARBARA WILLEN

LIMITED LIABILITY COMPANY

704 Laura Street, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

704 LAURA STREET, 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 CAMBRIDGE DEVELOPMENT GROUP	SAME AS PRINCIPAL OFFICE ADDRESS
1756 KENNEDY CAUSEWAY	
NORTH BAY VILLAGE, FLORIDA 33141	

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

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

BENJAMIN KLEIN
Name

C/O CAMBRIDGE DEVELOPMENT, 1756 KENNEDY CA
Florida street address (P.O. Box NOT acceptable)

NORTH BAY VILLAGE, FL 33141
City, State, and Zip

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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: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	BENJAMIN KLEIN 1755 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FLORIDA 33141

(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.)

Benjamin Klein
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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