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SECRETARY OF STATE
DIVISION OF CORFORATIONS

COVER LETTER

TO:	Registration S Division of Co	ection orporations	•	
SUBJI	ECT: Ar-	7 535, LLC (Name of Limite	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	pondence concerning this matte	er to the following:	
	BOM	ne Megidish	Name of Person)	
		9 (Name of Person)	
	Art 5	35, LLC		
		(Firm/Company)	
	3510	N.54 Ave.		
			(Address)	
	Hollyw	ood, Florida	3302	
		(City	State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Mo	she Neg	idish	at (754) 244 (Area Code & Daytin	1-5500
	(Name	of Person)	(Area Code & Daytin	ne Telephone Number)
Enclos	ed is a check fo	or the following amount:		
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations ater Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ART 535 LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company	r is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	3510 N. 54 Ave. 1 (0 liquood, #1.33021 Office, & Registered Agent's Signature: erred Agent. You must designate an individual or another	
The name and the Florida street address of the re Moshe Meg Name 3510 N. 54 Florida street addr Llollywood, City, State, an	Ave. ress (P.O. Box <u>NOT</u> acceptable) FL. 33021	SECRETARY OF STATE OIVISION OF CORPORATIONS

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGR"	Moshe Negidish 3510 N. 54 Ave. Hollywood Fl. 33021	
(Use attachment if necessary) LE V: Effective date, if other than the	e date of filing: $\frac{10}{12}$ date of filing: (OPTION to specific and cannot be more than five business date.)	,
days after the date of filing.) REQUIRED SIGNATURE:	min	05 00
days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a member.	05 OCT 18 PM

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)