

LOS000106648

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

M. Thomas NOV - 2 2005

LIMITED LIABILITY COMPANY

CHEWTON HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

05 NOV - 1 PM 3:15
DIVISION OF CORPORATIONS

STATE
OF FLORIDA

05 NOV - 1 PM 12:15

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHEWTON HOLDINGS, LLC**ARTICLE II - Address:**

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

Principal Office Address:125 Jericho Turnpike, Suite 100
Jericho, NY 11753**Mailing Address:**125 Jericho Turnpike, Suite 100
Jericho, NY 11753**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BlumbergExcelsior Corporate Services, Inc.

Name

4435 OLD WINTER GARDEN RDFlorida street address (P.O. Box **NOT** acceptable)ORLANDO, FL 32811FL

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.


Jose Mojica, Assistant Secretary

Registered Agent's Signature

(CONTINUED)

BlumbergExcelsiorJustin T. Reed
BlumbergExcelsior Corporate Services, Inc.
62 White Street
New York, NY 10013

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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:MGRMCarl S. Levine125 Jericho Turnpike, Suite 100Jericho, NY 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.)

Carl S. Levine, Member-ManagerTyped or printed name of signee**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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