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To:

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Fax Number : (850)205 0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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LIMITED LIABILITY COMPANY

hampton estates, limited liability company

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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2005 DEC -2 A 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



December 2, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: HAMPTON ESTATES, LIMITED LIABILITY COMPANY
REF: W05000053351

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific and cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

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DIVISION OF CORPORATIONS

(3)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY II: 18

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDAHAMPTON ESTATES, LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:19300 West Dixie Highway, #7
North Miami Beach, FL 33180Mailing Address:19300 West Dixie Highway, #7
North Miami Beach, FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ray Strauss, P.A.

Name

17270 NE 19 AvenueFlorida street address (P.O. Box NOT acceptable)North Miami BeachFL 33182

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.


Registered Agent's Signature (REQUIRED)

HES000215496

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Reuven Gitter
19300 West Dixie Highway, #7
North Miami Beach, FL 33180

MGR

Eric Bouskila
19300 West Dixie Highway, #7
North Miami Beach, FL 33180

MGR

Moshe Mazine
19300 West Dixie Highway, #7
North Miami Beach, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/28/05 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

REUVEN GITTER

Typed or printed name of signer

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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