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| Special Instructions to | Filing Officer: | |
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FILED SECRETARY OF STAIL DIVISION OF CORPORATIONS



COVER LETTER

| TO: Registration Sec Division of Cor | | | 100 | | | |
|---|---|--|----------------|---|-------|------------|
| SURJECT. 2501 Ri | verside Drive, LLC. | | | | | |
| | | Liability Compar | ny) | | • | |
| The enclosed Articles of | Organization and fee(s) are so | ubmitted for filing. | | | | |
| Please return all correspo | ondence concerning this matte | r to the following: | | | | |
| Richard I. C | Blick | | | | | _ |
| | (1 | Name of Person) | | | | _ |
| Richard I. G | Glick, Attorney at Lav | N | | | | |
| (Firm/Company) | | | | 200 | - DIV | |
| 4300 North University Drive - Suite B-200 | | | 2006 MAR -2 AM | DIVISION OF CORPORATIONS | | |
| | | (Address) | | | 1 | 9F (|
| Lauderhill, | FL 33351 | | | | 2 | |
| | (City, | State and Zip Code) | | | | -087 AA |
| For further information of | concerning this matter, please | cali: | | | 9: 03 | 5 |
| Richard I. Glick | | at (954) | 572-255 | 3 | | |
| (Name | of Person) | at (954) 572-2553 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for | r the following amount: | | | | | |
| ▼ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy Certificate of Si (additional copy is enclosed) Certified Copy | | S160.00 Filing Certificate of Star Certified Copy (additional copy is en | tus & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bu 2661 Exec | f Corporatio | ns | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| 2501 Riverside Drive, LLC. | 'a la | - " |
|--|---|---|
| (Must end with the words "Limited Liability Company, "Limi | ited Company for their abbreviation "LLC, for "L.C | ., ') |
| ARTICLE II - Address: The mailing address and street address of the p | principal office of the Limited Liability | Company is: |
| Principal Office Address: | Mailing Address: | |
| 5379 Lyons Road | 5379 Lyons Road | |
| Suite 116 | Suite 116 | |
| Coconut Creek, FL 33073 | Coconut Creek, FL 33073 | 8 § |
| The name and the Florida street address of the Richard I. Glick, Attorney at Name 4300 North University Driv Florida street ad [AUDERHILL] | Lawe | OF SIMIL REPORATION. |
| City, State, | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signa | this certificate, I hereby accept the appoints. I further agree to comply with the properformance of my duties, and I am family aistered agent as provided for in Chapter | intment as ovisions of all iar with and |

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM MJ Real Estate Solutions LLC 5379 Lyons Road - Suite 116 Coconut Creek, FL 33073 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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:**

Amember 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

Typed or printed name of signee

MJ Real Estate Solutions LLC by Jeffrey S. Merlin MGRM

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)

that the facts stated herein are true.)