(Requestor's Name)	
(Address) (Address)	400067289234
(City/State/Zip/Phone #)	
(Business Entity Name)	03/15/0601002006 **160.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2006 MAR 14 PH 4: 10 SECREMONY OF STATE
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March 14, 2006

Division of Corporations 2661 Executive Center Circle West Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$160.00** for the applicable filing fees and to obtain a **Certified Copy** and **Certificate of Status** for the following entity:

SOLE MIAMI LOUNGE PARTNERS, LLC

Upon receipt, please "date-stamp" the copy of the letter provided. and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely, Karen F. Juseviten

Via Hand Delivery

Paralegal

/kfj Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

ABB MAR IL PH H: 10 The name of the Limited Liability Company is Sole Miami Lounge Partners, LLC

ARTICLE II. EFFECTIVE DATE:

The effective date for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State.

ARTICLE III. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 17315 Collins Avenue, Sunny Isles Beach, Florida 33160.

ARTICLE IV. REGISTERED AGENT:

The name and address of the initial registered agent for this Limited Liability Company is Steven W. Zelkowitz, GrayRobinson, P.A., 401 East Las Olas Boulevard, Suite 1850, Fort Lauderdale, Florida 33301

ARTICLE V. MANAGEMENT:

The Limited Liability Company is to be managed by a manager and the name and address of the initial manager who is to serve as manager is Thomas Feeley, 500 First Street, Hoboken, New Jersey, 07030.

IN WITNESS WHEREOF, the undersigned member has executed these Articles the

16th day of March, 2006.

Steven W. Zelkowitz Authorized Representative of Member

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sole Miami Lounge Partners, LLC

2. The name and address of the registered agent and office is:

Steven W. Zelkowitz GrayRobinson, P.A. 401 East Las Olas Boulevard Suite 1850 Fort Lauderdale, Florida 33301

By:

Steven W. Zelkowitz Authorized Representative of Member

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.

3/10/06

(Signature)