

LOG 0000 33371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

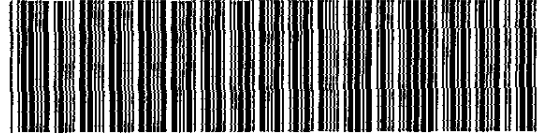
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2006 MAR 30 PM 1:37
SECRETARY OF STATE
CLERK RECEIVED

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06 MAR 30 PM 12:15
DIVISION OF CORPORATION

LOG-33371
OK



UCC FILING & SEARCH SERVICES, INC.
 1574 Village Square Blvd Ste 100
 Tallahassee, Florida 32309
 (850) 681-6528 P

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

121948

March 30, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

300 NW 1st Ave LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to include Articles & Amendments
- Fictitious Name Certificate
- Other

Retrieval Request

- Photocopy
- Certified Copy

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

300 NW 1ST AVE LLC

ARTICLE II - Address:

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

Principal Office Address:

C/O ROSENFELD

1580 E 19TH ST APT 2H

BROOKLYN, NY 11230

Mailing Address:

C/O ROSENFELD

1580 E 19TH ST APT 2H

BROOKLYN, NY 11230

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

UCC FILING & SEARCH SERVICES, INC.

Name

1574 VILLAGE SQUARE BLVD STE 100

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FLORIDA 32309

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, Florida Statutes..

UCC FILING & SEARCH SERVICES, INC.

By: Alison Hand

Registered Agent's Signature

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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:

MGRM

ELIEZER SCHEINER

7491 W OAKLAND PARK BLVD STE 100

LAUDERHILL, FL 33319

MGRM

TEDDY LICHTSCHEIN

7491 W OAKLAND PARK BLVD STE 100

LAUDERHILL, FL 33319

(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.)

TOVA ROSENFELD, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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