

Jun-23-2006 11:10am

From-RUDEN MCCLOSKEY 17 FL ST

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)333-4001

2006 JUN 23 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 JUN 23 AM 11:11
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pat Tradition VC Investment, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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HR

EFFECTIVE DATE

06-23-06

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAT TRADITION VC INVESTMENT, LLC

(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:

18 S. 31st AVENUE
LONGPORT, NJ 08403

Mailing Address:

18 S. 31st AVENUE
LONGPORT, NJ 08403

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:

INCORPORATING SERVICES, LTD.
Name

1540 GLENWAY DRIVE
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32301
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.

Karen E. Elliott

Registered Agent's Signature (REQUIRED) Karen E. Elliott, Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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RESPECTIVE DATA

6/23/06

Holland LLC

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:

MGR

PAT AGNELLINI

103 S. 21st AVENUE

LONGPORT, NJ 08403

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: UPON 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.)

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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.)

Pat Agnellini

Typed 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)