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Florida Department of State **Division of Corporations** Public Access System

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To:

Division of Corporations

A CEL MINISTER CONTRACTOR

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Phone

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

great neck real estate investments llc

Certificate of Status	O
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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6/28/2006 12:29 PM 10N-28-2006 12:41





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Great Neck Real Estate Investments 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:

Mailing Address:

1130-B East Hallandale Beach Elvd. 1130-B E. Hallandale Beach Hallandale Beach, FL 33009 Hallandale Beach, FL 3300

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:

Norman T. Roberts, P.A.

Name

50 West Mashta Dr., Ste. 4

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

Key Biscayne,

33149

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

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20.9 JATOT

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" = Mana "MGRM" = Ma		•	
MGRM		Mordehai Weiss	
		21 Old Pond Road	
		Great Neck, NY11023	0
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Kiling 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)