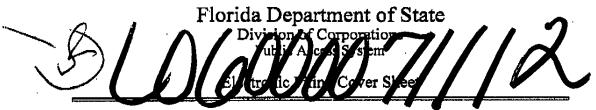
Fax:888-692-9256

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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone

: (212)431-5000

Fax Number

: (212)431-1441

≅ FEORIDA/FOREIGN LIMITED LIABILITY CO.

BRIDGE OAK HOLDINGS GROUP LLC

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Justin T. Reed Blumberg Excelsior Corporate Services, Inc. 62 White Street New York, NY 10013

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7/14/2006

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BRIDGE OAK HOLDINGS GROUP LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14 BOND STREET, UNIT 265	14 BOND STREET, UNIT 265
GREAT NECK, NY 11021	GREAT NECK, NY 11021
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
JEFFREY PASTERNACK	
Name	
1 GROVE ISLE DRIVE, UNIT	1702
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
MIAMI, FL 33133	•
City, State, a	ad 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 agentis provided for in Chapter 608, F.S..

(CONTINUED)

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Justin T. Reed BlumbergExcelsior Corporate Services, Inc. 62 White Street New York, NY 10013

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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:

<u>Title;</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JEFFREY PASTERNACK,
MOIX	14 BOND STREET, UNIT 265
	GREAT NECK, NY 11021
	1.10
<u>,</u>	
	- Company of the Comp
(Use attachment if necessary)	
NOTE: An additional article mu	ust, be added if an effective date is requested.
MOTE: All sautaous at the mi	1
REQUIRED SIGNATURE: /	
/ /-	
- L- f-	
Signature of a men	nber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution ensitutes an affirmation under the penaltics of perjury ed herein are true.)
Justin T. Reed, 0	Organizer
	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of O	rganization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nnel)
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Page 2 of 2