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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
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· (D	ocument Number)	
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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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10: Registration Section	. 20
(Longo - Division of Corporations	and the second s
SUBJECT: New Era Real Estate I	nvoetmonts IIC
(Name of Limite	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
David Wittich	
	(Name of Person)
c/o Barbara Banks, P.A	, •
	(Firm/Company)
5421 University Drive	
	(Address)
Coral Springs FL 33067	
(Ciry	//State and Zip Code)
For further information concerning this matter, please	call:
David Wittich	at (954) 345 - 3838
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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RTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	<i>r</i> is:
New Era Real Estate	Investments, LLC
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5421 University Drive	5421 University Drive
Coral Springs Florida 33067	Coral Springs Florida 33067
The name and the Florida street address of the Barbara G. 1	
5421 Univers	
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
	gs FL 33067 tte, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. If further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MRGM	David Wittich 19210 Fox Landing Drive Boca Raton FL 33434	
MRGM	Louis C. Frangos 5421 University Drive Coral Springs FL 33067	
i effective date is listed, the date must l	c date of filing: 3/07/87 (OPTIONAL) be specific and cannot be more than five business days prior	
ICLE V: Effective date, if other than the	e date of filing: 3/3+/67. (OPTIONAL) be specific and cannot be more than five business days prior	N HI
ICLE V: Effective date, if other than the effective date is listed, the date must I 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior	N HI
ICLE V: Effective date, if other than the effective date is listed, the date must I 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	er or an arthorized representative of a member. section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	H H F
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