

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

salcum properties, lic

Certificate of Status	1	0
Certified Copy		1
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EMPIRE CORP KIT

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2007

EMPIRE

SUBJECT: SALCUM PROPTERTIES LLC

REF: W07000045222

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt Document Specialist FAX Aud. #: H07000227854 Letter Number: 207A00054192

P.O BOX 6327 - Tallahassee, Florida 32314

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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company Is:

SALCUM PROPERTIES, LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

16480-92 NW 48TH AVENUE

MIAMI GARDENS, FL. 33014

16480-92 NW 48TH AVENUE MIAMI GARDENS, FL 33014

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 unsident

business entity with an active Florida registration.)

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

MARC FRIEDMAN

Nume

8634 NW 59TH PLACE

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

PARKLAND, FL 33067

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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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HO 20022785

EMPIRE CORP KIT

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		Name and Address:	
"MGR" = Mai			
"MGRM" = N	lanaging Member		
MGRM		GEORGE CUMMINS	
		1504 NW 183RD TERRACE	
		PEMBROKE PINES, FL 33029	
MGRM		MARLISE CUMMINS	
		1504 NW 183RD TERRACE	
		PEMBROKE PINES, FL 33029	
MGRM		EDMOND SALOMON JR	
		1504 NW 183RD TERRACE	
		PEMBROKE PINES, FL 33029	
MGRM		ANA SOLOMAN & ED SALOMON SR	
		1504 NW 183RD TERRACE	
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ARTICLE IV- Manager(s) or Managing Member(s):

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EMPIRE CORP KIT

\$ 5.00 Certificate of Status (Optional)

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