

DIVISION Oct. 1. 2007 9:24 AM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT - 1 A 11: 28

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FLORIDA/FOREIGN LIMITED LIABILITY CO. AL

NORTH BELLFORT CIRCLE LLC

Certificate of Status	0
Certified Copy	0
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No. 1206 P. 2

(H07000243 0603)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH BELLFORT CIRCLE 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:

188 Hewlett Avenue South
MERRICK, NEW YORK 11566

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

STEVEN L. GREENBERGER
Name

2234 SW GOLDEN BEAR

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

PALM CITY FLORIDA 34990

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.

Steven L. Greenberger
Registered Agent's Signature

(CONTINUED)

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No. 1206 P. 3

(H07000243 0603)

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:

MGRM

WILHA KLASS
188 HEWLETT AVENUE SOUTH
MERRICK, NEW YORK 11566

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Wilma Klass
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.)

WILHA KLASS
Typed or printed name of signer

(H07000243 0603)