

**107000262103 7516**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

RECEIVED  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Noraleah Associates, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Noraleah Associates, 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:**4350 North Bay Road, Miami Beach, FL 331404350 North Bay Road, Miami Beach, FL 33140**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:

Irwin Friedman

Name

4350 North Bay RoadFlorida street address (P.O. Box NOT acceptable)Miami Beach FL 33140

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.*

  
Registered Agent's Signature (REQUIRED)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Irwin Friedman

4350 North Bay Road

Miami Beach, FL 33140

MGRM

Nora Friedman

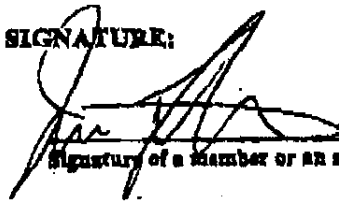
4350 North Bay Road

Miami Beach, FL 33140

(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:**

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.)

Irwin Friedman

Typed or printed name of signer

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**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation  
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\$ 30.00 Certified Copy (Optional)  
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