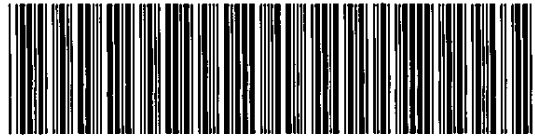


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 308702 4305390

AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 7, 2007
ORDER TIME : 3:36 PM
ORDER NO. : 308702-005
CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: SOBEL MONTVAIL, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOBEL MONTVAIL, 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:

225 Millburn Avenue, Suite 202

Millburn, NJ 07041

Mailing Address:

225 Millburn Avenue, Suite 202

Millburn, NJ 07041

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..

Corporation Service Company

BY: Doreen Wallace

Registered Agent's Signature (REQUIRED)

Doreen Wallace
Assistant Vice President

(CONTINUED)

Page 1 of 2

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

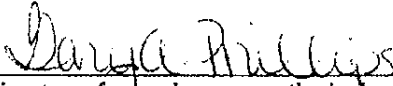
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGR</u>	<u>Jonathan Sobel</u> <u>40 Dorison Drive</u> <u>Short Hills, NJ 07078</u>
<u>MGR</u>	<u>Julie Sobel Kaplan</u> <u>6 Currey Lane</u> <u>West Orange, NJ 07052</u>
<u>MGR</u>	<u>Scott Sobel</u> <u>95 Emerald Hill Road</u> <u>Singapore 229371</u>
<u>MBR</u>	<u>Clifford M. Sobel</u> <u>225 Millburn Avenue, Suite 202</u> <u>Millburn, NJ 07041</u>

(Use attachment if necessary) See Attachment

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 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary A. Phillips, Esq., Authorized Representative

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ATTACHMENT TO SECTION IV
OF
SOBEL MONTVAIL, LLC

TITLE:

MBR

NAME AND ADDRESS:

Barbara Sobel
225 Millburn Avenue, Suite 202
Millburn, NJ 07041