

W8000000 2005

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

T. CLINE
JAN - 8 2008
EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

david nye, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR DAVID NYE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: David Nye, LLC

ARTICLE II - Address:

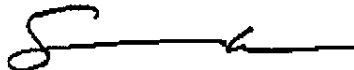
The mailing address and street address of the principal office of the Limited Liability Company is: 3866 Main Highway, Coconut Grove, Florida 33133.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.


Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

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

Title:

Name and Address:

Manager

Larry N. Kritcher
3866 Main Highway
Coconut Grove, Florida 33133

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314
E-MAIL: sam@samblum.com

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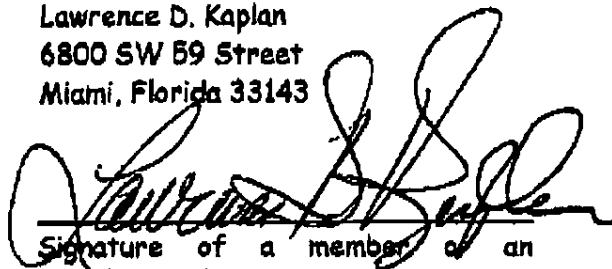
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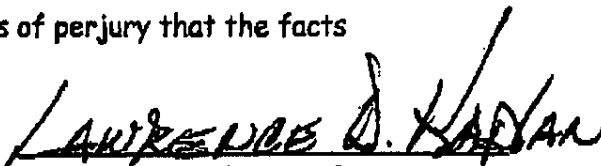
Manager

Lawrence D. Kaplan
6800 SW 59 Street
Miami, Florida 33143

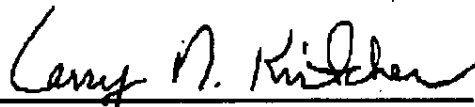


Signature of a member or an
authorized representative of a
member.

(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.)



Typed or printed name of signer



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member.

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stated herein are true.)



Typed or printed name of signer

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FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

Samuel Spencer Blum

ATTORNEY AT LAW

2598 TIDWAL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX: (305) 854-3314
E-MAIL: ssm@samblum.com

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