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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1999 north glades, llc

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

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I

Name

The name of the Limited Liability Company is:

1999 NORTH OLADES, LLC

ARTICLE II

Address

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

4585 Michigan Avenue
Miami Beach, FL 33140

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

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

Ira R. Shapiro
16375 NE 18th Avenue, #225
North Miami Beach, FL 33162

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.

Ira R. Shapiro, Registered Agent

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ARTICLE IV
Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The names of the managers are as follows:

Norman Reiz
4585 Michigan Avenue
Miami Beach, FL 33140

Renee Ezra Reiz
4585 Michigan Avenue
Miami Beach, FL 33140



Norman Reiz, Manager/Member

Date: 3/3/08, 2008



Renee Ezra Reiz, Manager/Member

Date: March 3, 2008

(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.)

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