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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6393

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

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

berenfeld LEGACY GROUP, LL

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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

berenfeld LEGACY GROUP, 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:

2525 PONCE DE LEON BLVD.

SAME

5TH FLOOR

CORAL GABLES, FLORIDA 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

EMERY B. SHEER

Name

2525 PONCE DE LEON BLVD., 5TH FLOOR

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

CORAL GABLES, FLORIDA 33139

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 605, Florida Statutes.


Registered Agent's Signature

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(CONTINUED)

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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

BERENFELD, SPRITZER, SHECHTER & SHEER,

2525 PONCE DE LEON BLVD., 5TH FLOOR

CORAL GABLES, FLORIDA 33134

MGR

CACHE CAPITAL LLC

10 SPRING BROOK ROAD

OLD SAYBROOK, CT 06475

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 penalty of perjury that the facts stated herein are true.)

EMERY B. SHEER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 16 AM 8:07

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)

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