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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 09/08/08

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

New Name NB NY HOLDINGS LLC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

~~NB HOLDINGS LLC~~

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SEP 10 2008

Effective Date

09/08/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NB NY Holdings 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:

c/o B. Leslie Scharfman, Esq.

Same

166 Hialeah Drive

Hialeah, FL 33010

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:

B. Leslie Scharfman, Esq.

Name

166 Hialeah Drive

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

Hialeah, FL 33010

FL

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.

B. Leslie Scharfman
Registered Agent's Signature (REQUIRED)

(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

37 Beekman Place, LLO a NY LLO


1510 St. Peters Avenue

Bronx, NY 10461

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 8, 2008 (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.)

B. Leslie Scharfman, Esq.

Typed or printed name of signer

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)

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