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FOWLER WHITE BURNETT

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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Number : 071250001512

Phone : (305) 789-9200

Fax Number : (305) 789-9201

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**128/202 CARRIAGE, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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## ARTICLES OF ORGANIZATION

OF

128/202 CARRIAGE, LLC

### ARTICLE I

The name of the limited liability company formed hereby is **128/202 CARRIAGE, LLC** (the "Limited Liability Company").

### ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

14750 NW 77 Court, Suite 313  
Miami Lakes, Florida 33016

### ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fred K. Lickstein, Esq.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

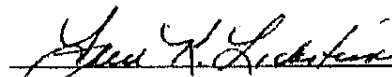
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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is:


Henry Salum  
14750 NW 77 Court, Suite 313  
Miami Lakes, Florida 33016

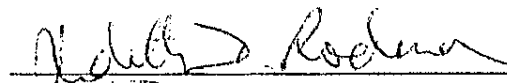
  
Fred K. Lickstein,  
as Authorized Representative of the Members

STATE OF FLORIDA                     )  
  )  
COUNTY OF MIAMI-DADE         )

Before me personally appeared Fred K. Lickstein, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced \_\_\_\_\_ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 24 day of Sept, 2008.

NOTARY PUBLIC - STATE OF FLORIDA  
 Judith D. Rodman  
Commission # DD469468  
Expires: OCT 18, 2009  
Bonded To: Robert's Bonding Co., Inc.

  
Notary Public  
Print Name: JUDITH D. RODMAN  
My Commission expires: 10/18/2009

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CERTIFICATE OF DESIGNATION  
OF RESIDENT AGENT AND  
ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is 128/202 CARRIAGE, LLC.
2. The name and address of the Registered Agent and Office is:

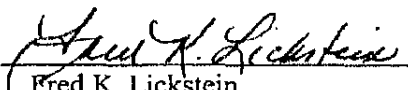
Fred K. Lickstein, Esq.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Fred K. Lickstein, Registered Agent

Date: 9/24/08

128/202 CARRIAGE, LLC

By:   
\_\_\_\_\_  
Fred K. Lickstein,  
as Authorized Representative  
of the Members

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