

L08000000528

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
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

north armenia holdings, llc

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EXAMINER



October 24, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT

SUBJECT: NORTH ARMENIA HOLDINGS, LLC
REF: W08000048906

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt
Regulatory Specialist IIFAX Aud. #: H08000242069
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TALLAHASSEE, FLORIDA

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P.O BOX 6327 - Tallahassee, Florida 32314

408000242069

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH ARMENIA 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:

899 BRICKELL AVENUE

SUITE 401

MIAMI, FLORIDA 33131

Mailing Address:

P.O. BOX 331717

MIAMI, FLORIDA 33233

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

DAVID GREER

Name

999 BRICKELL AVENUE SUITE 401

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

MIAMI FL 33131

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..

DGL

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

PINK CAT, LLC

P.O. BOX 331717

MIAMI, FLORIDA 33233

MGRM

DALI INVESTMENTS, L.L.C.

P.O. BOX 331717

MIAMI, FLORIDA 33233

MGRM

NORWOOD INVESTMENTS ONE, LLC

92 ROYAL PALM DRIVE

FT. LAUDERDALE, FL 33301

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

PINK CAT, LLC AS MANAGING MEMBER BY: DAVID GREER, ITS MANAGING MEMBER

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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