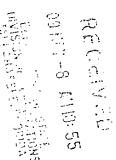
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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B. KOHR

MAY 1 1 2009

EXAMINER

FILED

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SCOTTLEY OF STATE
ALLAHASSEE, FLORID.



ON SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE: 986229 162285A
AUTHORIZATION : Smelkeles
COST LIMIT : \$125.00
ORDER DATE : May 7, 2009
ORDER TIME: 5:20 PM
ORDER NO. : 986229-005
CUSTOMER NO: 162285A
DOMESTIC FILING
NAME: WENDTHOMAS REALTY LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Joyce Markley - EXT. 2930
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:			
WENDTHOMAS (Must end with the words "Limited Liab	REALTY LLC		
(Must end with the words "Limited Liab	vility 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:		
42-40 Bell Boulevard	42-40 Bell Boulevard		
Suite 200 Bayside, New York 11361	Suite 200 Bayside, New York 11361		
	Dayside, 1909 Direction		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another		
Corporation Ser	vice Company		
1201 Hay Florida street address (P.O			
· ·	<u> </u>		
Tallahassee, FL 32301			
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
•			

(CONTINUED)

Page 1 of 2

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 Me	Name and Address:
David Topper	42-40 Bell Boulevard Suite 200 Bayside, New York 11361
(Use attachment if necessar	ry)
CLE V: Effective date, if oth effective date is listed, the date of filing	er than the date of filing: (OPTIONA nte must be specific and cannot be more than five business day g.)
REQUIRED SIGNATUR	Elward F. Offer
(In accorda of this doc	of a member or an authorized representative of a member. since with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury cas stated herein are true.)
Ed	ward F. Duffy, Authorized Representative Typed or printed name of signee
\$125.00 Filing Fee for Artic	eles of Organization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)