

Division

Jun. 18, 2009 1:57

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

YOUR CONSULTANTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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M. THOMAS

JUN 19 2009

EXAMINER

(H090001460283)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR CONSULTANTS 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:

6683A MONTEGO BAY BLVD.
BOCA RATON, FL 33433

6683A MONTEGO BAY BLVD.
BOCA RATON, FL 33433

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:

CAROL ETKIN

Name

6683A MONTEGO BAY BLVD.

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

BOCA RATON FL 33433

City, State, and Zip

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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.

Carol Etkin

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

Jesse Gottlieb

910 Fifth Avenue, #4A

New York, NY 10021

MGRM

Gloria Gottlieb

910 Fifth Avenue, #4A

New York, NY 10021

MGRM

The Gottlieb GST Trust I

6683A Montego Bay Blvd.

Boca Raton, FL 33433

MGRM

The Gottlieb GST Trust II

6683A Montego Bay Blvd

Boca Raton, FL 33433

(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:

Lawrence A. Kirsch

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.)

LAWRENCE A. KIRSCH

Typed or printed name of signee

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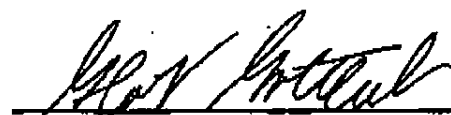
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**YOUR CONSULTANTS INC.
6883 MONTEGO BAY BLVD
BOCA RATON, FL 33433**

I, Gloria Gottlieb, President/Director of Your Consultants, Inc., have no intention of revoking the dissolution of Your Consultants, Inc.

I hereby authorize the LLC to immediately file the LLC known as Your Consultants, LLC.

SIGNED:



**GLORIA GOTTLIEB
PRESIDENT/DIRECTOR**

6/11/2009

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