

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

09 DEC -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
ESTHER ENTERPRISES OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

09 DEC -3 AM 7:42

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Electronic Filing Menu

Corporate Filing Menu

Help

DEC - 4 2009

EXAMINER

Dec. 3. 2009 1:04PM

No. 0518 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESTHER ENTERPRISES OF FLORIDA 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:

225 W. 39th Street, #302
New York, NY 10018

Mailing Address:

225 W. 39th Street, #302
New York, NY 10018

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:

Shimon Oami

Name

16900 North Bay Road, #2005

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

Sunny Isles FL 33160

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.

Shimon Oami

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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09 DEC -3 AM 7:42

Dec. 3. 2009 1:05PM

No. 0518 P. 3

(H04000251 5503)

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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Shimon Oami

225 W. 39th Street

New York, NY 10018

(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:

Shimon Oami

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.)

Shimon Oami

Typed or printed name of signee

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