Division o Corporation Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number : (305)633-9696

: (305)634~3694

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO.

asg property partners, llc

Certificate of Status	0
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Page Count	03
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5/19/2010

EMPIRE CORP KIT

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASG PROPERTY PARTNERS, LLC

(Musi end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Duinainal Office Addminos

The mailing address and street address of the principal office of the Limited Liability Company is:

Marilana Addunces

Principal Office Audress:	waning Address:	
1527 SE 11TH STREET	1627 SE 11TH STREET	
FT LAUDERDALE, FL 33316	FT. LAUDERDALE, FL 33316	

ARTICLE HI - 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:

ALEXANDER S. GARY	
Nan	ne
1527 SE 11TH STREE	Т
Florida street:	address (P.O. Box NOY acceptable)
FT. LAUDERDALE	FL 33316
City.	State, and Zip

Having been named as registered ugent 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..

(CONTINUED)

Page 1 of 2

Signature (REQUIRED)

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•
MGRM	ALEXANDER S. GARY 1527 SE 11TH STREET FY LANDERDALE, FL 33316	
and the second s		
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	date of filing:	(OPTIONAL) an five business days p
REQUIRED SIGNATURE:		
	<u></u>	
(In accordance with sec	r or an authorized representative of a ction 608.408(3), Florida Statutes, the ex	xecution
ALEVANDED C /AM	,	10 P
ALEXANDER S. GAP	rein are true.)	
	ein are true.) RY ped or printed name of signee nization and Designation	19 MAY 19 AM 10: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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