L10000070555

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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JUL - 2 2010

EXAMINER

10 JUL -2 PH 3-23



ACCOUNT NO. : I2000000195

REFERENCE: 436724 7780202

AUTHORIZATION : Spelle

COST LIMIT : \$\sqrt{1\subseteq} 5\sqrt{0}

ORDER DATE : July 2, 2010

ORDER TIME : 12:16 PM

ORDER NO. : 436724-005

CUSTOMER NO: 7780202

DOMESTIC FILING

NAME: EQ MANAGEMENT, LLC

EFFECTIVE DATE:

C	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE R	RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT	PERSON: Matthew Young - EXT. 2962	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

(Must end with the word		

EQ Management, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal ()ffice Address:	Mailing Address:
1926 NE 154th Street	1926 NE 154th Street
North Miami Reach	North Miami Beach
Florida 33162	Elorida 33162

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 Frangioni		
Name		
1926 NE 154th Street		
Florida street address (P.O. Box NOT acceptable)		
North Miami Beach	FL 33162	
City, State,		

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.

Pavid Frangioni

Resourced Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
David Frangioni, MGRM	1926 NE 154th Street North Miami Beach Florida 33162			
Justin Leigh, MGRM	435 N. Oakhurst Drive Reverly Hills California 90210			
Cary Vance, MGRM	L11 John Street Suite 1815 New York, NY 10038			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: (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.)				
David Frangioni, N	•			

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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)