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DEPARTMENT OF SAFER PLOSIDA

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B. KOHR

SEP 2 2010

**EXAMINER** 

JIVISION OF CORPORATIONS

10 SEP -2 PM 3 30

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

			•
CONTACT:	<u>Kim Weider</u>	<u>ıbach</u>	
DATE:	<u>09/02/10</u>		
REF.#:	001495.1312	<u>32</u>	
CORP. NAME:	INTEGRAT	ED PROPERTY GROUP ADVISO	ORS, LLC
( ) ANNUAL REPORT	CATION		( ) FICTITIOUS NAME
		TH CHECK# 536449	
			MIT: \$
PLEASE RETUI	RN:		

( ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

Examiner's Initials

(XX) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

ARTICLE I - Name: '	
The name of the Limited Liability Con	npany is:
Integrated Property Group Advis	ors, LLC
	The state of the s
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is
ARTICLE II - Address: The mailing address and street address	
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is
ARTICLE II - Address:	of the principal office of the Limited Liability Company is

The name and the Florida street address of the registered agent are:

Oren Klein	
	Name
2200 North	Federal Highway, Ste. 229C
	Florida street address (P.O. Box <u>NOT</u> acceptable)
Boca Raton	FL 33431
	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..

s/OREN KLEIN

Registered Agent's Signature (REQUIRED)

(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:

MGRM  Oren Klein  2200 North Federal Highway, Ste. 229C  Boca Raton, Fl. 33134  Joshua M. Olshin  175 W. 87th Sl. Ste. 18C  New York, NY 10024  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	<u><b>Title:</b></u> "MGR" = Mai "MGRM" = M	nager Ianaging Member	Name and Address:
MGRM  Joshua M. Olshin  175 W. 87th St. Ste. 18C  New York, NY 10024  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM		Oren Klein
MGRM  Joshua M. Olshin  175 W. 87th St. Sie, 18C  New York, NY 10024  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		1	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			<del></del>
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)  REQUIRED SIGNATURE:  S/JOSHUA M. OLSHIN 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.)  Joshua M. Olshin, Organizer	MGRM		Joshua M. Olshin
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.)  REQUIRED SIGNATURE:  S/JOSHUA M. OLSHIN 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.)  Joshua M. Olshin, Organizer	- · · · · · · · · · · · · · · · · · · ·	<del></del>	175 W. 87th St. Ste. 18C
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			<del></del>
CLE V: Effective date, if other than the date of filing:			N. 64
CLE V: Effective date, if other than the date of filing:	<del>-</del>		- I STATEMY
CLE V: Effective date, if other than the date of filing:			
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.)  Joshua M. Olshin, Organizer	(Use attachme	nt if necessary)	
(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.)  Joshua M. Olshin, Organizer	CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must le date of filing.) SIGNATURE:	be specific and cannot be more than five business day
Joshua M. Olshin, Organizer  Typed or printed name of signee	CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  S/JOSHUA M.	be specific and cannot be more than five business day  OLSHIN
Typed or printed name of signee	CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  S/JOSHUA M.  Signature of a member of this document considerations.	OLSHIN  Der or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
	CLE V: Effective date is 0 days after the	signature of a member of this document constitute that the facts stated here.	OLSHIN  Der or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)