000104101 Division of Corp rations

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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 ; C T CORFORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

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X. 10 -3	а	١.	ACCITESS:

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FLORIDA LIMITED LIABILITY CO.

Orangewood Ft. Pierce, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: Orangev					
	Name of Limi	ted Liability Com	pany		
The enclosed Articles	of Organization and fee(s) are	submitted for fill	ug,		
Please return all corre-	spondence concerning this ma	tter to the followin	ig:		
Christine N. B	rosonski		_		
		Miline of Person		*****	3,
Nixon Ponbody	A FPIs				
		Firm/Company			
401 9th Street 1	NW, Suite 900				
	-	Address			
Washington, D					
		ty/State and Zip Cox	ie		
Todd@monowi	tz.com [-mail address: (to be used	for future annual rep	on notificatio	in)	
For further information	concerning this matter, pleas	e call:			
Christine N. Brosonski	I	at (202 Area Cad) <u>858-8854</u>		
Name	of Person	- Area Cad	e & Daytime	Telej	thone Number
Enclosed is a check (or the following amount:				
□\$125.00 Filling Fee	□\$130.00 Filing Fee & Certificate of Status	©\$155.00 Filin Certified Co (#dditional cop	рру		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallnhassee, FL 32314	Registrat Division Clifton E 2661 Ex	ionrier Addr. ion Section of Corporati duilding	ions er Ci	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Orangowood Ft.	Pierco, LLC			
	(Must end with the words "Lir	oited Limitity Company, "L.t., C.," or "L.t.C.")		
ARTICLE II The mailing ac		of the principal office of the Limited Liability Company	y is:	
Principal Office Address:		Mailing Address:		
2100 South Ocea Palm Beach, Flor	n Boulevard, Apt. 608, North ida 33480	91-31 Queens Boulevard, Suite 512, Elmhurst, New York +1373		

The Limited Liabil business entity wh	lify Company counct serve as its th an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or unother s of the registered agent are:	10 0CT -5	SECRE TAR
The Limited Liabil business entity wh	lify Company counct serve as its th an active Florida registration.)	own Registered Agent. You must designate an individual or unother 5 Of the registered agent are:	10 OCT -5 A	SECRETARY (
The Limited Liabil business entity wh	illy Company cannot serve as its than active Florida street address C T Corporation System [200 South Pine Island	own Registered Agent. You must designate an individual or unother 5 Of the registered agent are: Manne	10 0CT -5 AM 8: 04	SECRETARY OF STATE
The Limited Liabil business entity wh	illy Company cannot serve as its than active Florida street address C T Corporation System [200 South Pine Island	own Registered Agent. You must designate an individual or unother S of the registered agent are: Manne Road	10 OCT -5 AM 8: 04	SECRETARY OF 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member of an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes at attributed under the penalties of perjury that the facts stated herein are true.)

Todd Menowitz

Typed or printed name of signee

Fillne 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)

10 OCT -5 AM 8: 04

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