L1000/10098

| | (Requestor's Name) | |
|---------------------|-------------------------------|--------------|
| | (Address) | |
| - | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-U | JP 🔲 WAIT 📗 MA | IL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of Status | |
| Special Instruction | ns to Filing Officer: A. LUNT | |

Office Use Only

OCT 21 2010

EXAMINER



500186749325

10/19/10--01045--009 **125.00



COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: ORCHESTRA, LLC | |
| Name of Limited | Liability Company |
| The enclosed Articles of Organization and fee(s) are sub | mitted for filing. |
| Please return all correspondence concerning this matter t | to the following: |
| CELINE L. JIANG | |
| Na | me of Person |
| ORCHESTRA, LLC | |
| Fit | rm/Company AS 2 |
| 3100 NW 72nd Avenue, S | Ste 106 |
| | Address SS 2 |
| MIAMI, FL 33122 | Address SEE OF PA |
| | ate and Zip Code |
| CELINE@MEGALEADER.NET | 「 |
| E-mail address: (to be used for f | uture annual report notification) |
| For further information concerning this matter, please ca | II: |
| CELINE L. JIANG | (305) 597-3804 |
| Name of Person . | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability C | ompany is: | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------|
| ORCHESTRA, LLC | | |
| (Must end with the words | 'Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address | ess of the principal office of the Limited Liability Company | y is: |
| Principal Office Address: | Mailing Address: | |
| 3100 NW 72nd Avenue, Ste 106 MIAMI , FL 33122 | SAME | |
| (The Limited Liability Company cannot serve a business entity with an active Florida registrati | | |
| The name and the Florida street add | ress of the registered agent are: | |
| CELINE L. | ress of the registered agent are: A S | ר |
| | Name SS 20 | F |
| 3100 NW | | F |
| Flo | 72nd Avenue, Ste 106 rida street address (P.O. Box NOT acceptable) | Ô |
| Miami | 33122 | |

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | Name and Address: | F 8 |
|-------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|
| "MGR" = Manager | | 到一 |
| "MGRM" = Managing Member | | 288 X |
| MGRM | CELINE L. JIANG | 2010 OCT 20 FR |
| | 3100 NW 72nd Avenue, Ste 106 | 65 |
| | MIAMI, FL 33122 | 337 |
| MGRM | GARY LEE FISHMAN | 35* |
| | 77 Pension Road • Suite 7 | |
| | Manalapan, NJ 07726 | |
| MGRM | JOAN FISHMAN | |
| Wightin | 77 Pension Road • Suite 7 | |
| | Manalapan, NJ 07726 | |
| (Use attachment if necessary) | | |
| I E V. Effective data if other than th | e date of filing: | (ODTIONA) |
| fective date is listed, the date must l | be specific and cannot be more than fiv | (OF HONA) e business days |
| days after the date of filing.) | · · | |
| | | |
| | | |
| REQUIRED SIGNATURE: | | |
| REQUIRED SIGNATURE: | | |
| | - Luig | |
| | per or an authorized representative of a mem | ber. |
| Signature of a memb | 08.408(3), Florida Statutes, the execution of this | document |
| Signature of a member (In accordance with section 60 constitutes an affirmation und | V | document erein are true. |

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)