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SECRETARY OF STATE

DIVISION OF CORPORATION

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: EB-5 South Florida Regional Center, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Harvey Mattel Name of Person Law Offices of Harvey Mattel Firm/Company P.O. Box 02-9010 Address Fort Lauderdale, Florida 33302-9010 City/State and Zip Code harvey.mattel@harveymattel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 763-5095

Area Code & Daytime Telephone Number Harvey Mattel Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & **✓** \$160.00 Filing Fee, \$125.00 Filing Fee __\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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 Company is:

EB-5 South Florida Regional Center, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
300 Jordan Road	Harvey Mattel
Troy, New York 12180	P.O. Box 02-9010
	Fort Lauderdale, Florida 33302-9010
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent arc:
	Name
633 South Feder	al Highway, 8th Floor
Florida stro	eet address (P.O. Box NOT acceptable)
Fort Lauderdale	FL 33301 5
	ity State and 7 in

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 divies, 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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	John A. Peterson
	300 Jordan Road
	Troy, New York 12180

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John A. Peterson

Typed or printed name of signee

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)

Page 2 of 2

SECRETARY OF STAIL DIVISION OF CORPORATIONS