

**L11000066647**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696*Correction  
re-sending*

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
point 34, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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B. BOSTICK

JUN -8 2011

EXAMINER  
6/6/2011

111000148919

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
POINT 34, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall Be: POINT 34, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**829 NE 79 STREET  
MIAMI, FL 33138**

**ARTICLE IV**

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

**GLADYS A. CARDENAS, P.A.  
829 NE 79 STREET  
MIAMI, FL 33138**

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TALLAHASSEE, FLORIDA

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**ARTICLE VI**

**The name of the Managing Memembers (S) shall be:**

**MANAGING MEMBERS  
MARCOS N. COHEN KICHIC  
LILIANA E. KOLDOBSKY DE COHEN KICHIC**

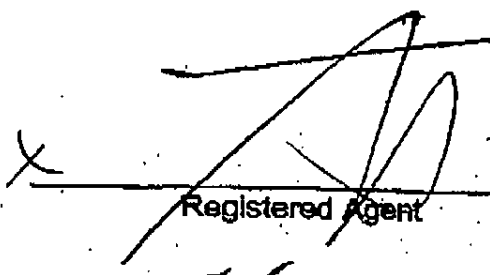
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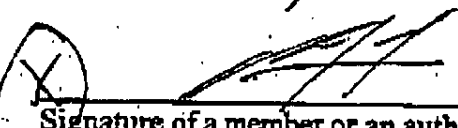
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**POINT 34, LLC**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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TALLAHASSEE, FLORIDA

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(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.)

**LILIANA E. KOLDOBSKY DE COHEN KICHIC**

Typed or printed name of signee

H11000148919



June 7, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MARCOS N. COHEN KICHIC  
829 NE 79 STREET  
MIAMI, FL 33138

SUBJECT: POINT 34, LLC  
REF: W11000030913

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostiok  
Regulatory Specialist II

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Letter Number: 611A00013827

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