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EXAMINER



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`	P.O. Box 3706	236 East 6th Avenue . Tallahassee, 6 (32315-7066) ~ (850) 222-2666 or	r (800) 969-1666 . Fax (850) 22	2-1666
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	. Fo	CORRECTION OR HTED LIABILITY COMPANY	· •
Pursua busine in Flor	nt to section 608.4115, F.S., this documents days to correct the <u>attached</u> articles of ida.	nt is being submitted within the roorganization or application to tra	nsact business
FIRST CHEF	The name of the limited liability RI DORI LLC	company is:	
SECO	ND: The articles of organization or the ECK THE APPROPRIATE BOX AND CO	• •	TATEMENT.
<u>√</u>	Contains an incorrect statement. The incincorrect, and the corrected statement are The incorrect statement refers to Art	orrect statement, the reason the st	atement is
	Liability Company is CHERI DORI L	_C. The corrected statement	is as follows-
	Article I - Name: The name of the Li	mited Liability Company is :	
	CHERIE DORI LLC	,	
	OR		·
	Was defectively signed. The manner in the appropriate correction is as follows:	which the document was defective	ely signed and
	•		
Dated:	August 1,	2011	,
	friday U.I	ove	·
	Signature of a member or author AUDREY U. DOV	ized representative of a member	
	Typed or printed	-	
	Filing Fee: Certified Cop	\$25.00 y: \$30.00 (optional)	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name:	ي ا			
The name of the Limited Liability Company is:	. ,			
CHERI DORI LLC				
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	ncipal office of the Limited Liability Company is:			
and the same and an out and an out and out and price				
Principal Office Address:	Mailing Address:			
c/o Faust Oppenheim LLP	c/o Faust Oppenheim LLP			
488 Madison Avenue, Room 1702	488 Madison Avenue, Room 1702			
New York, New York 10022	New York, New York 10022			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re NRAI Services, Inc. Name	ared Agent. You must designate an individual or another			
515 East Park Avenue	·			
Florida street address (P.O. Box NOT acceptable)				
i torius suppl suur	55 (1.0. 50x 1101 acceptance)			
Tallahassee	FL 32301			
City, Stat	te, and Zip			
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as			

NRAI Services, Inc.

By: Wellewa M. Rey

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)

Patricia M. Rice, Assistant Secretary (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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Steven D. Oppenheim 488 Madison Avenue, #1702, NY, NY 10022 MGRM Steven D. Oppenheim 488 Madison Avenue, #1702, NY, NY 10022 (Use attachment if necessary) 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 nember 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Steven D. Oppenheim