

L 11000132320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

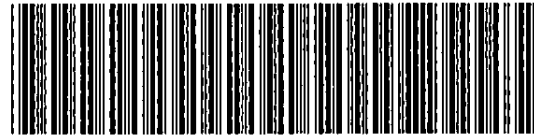
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NOV 21 2011

EXAMINER



400212026724

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DIVISION OF CORPORATIONS
2011 NOV 21 PM 1:50
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 PM 3:32



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 987791 4305390
AUTHORIZATION :
COST LIMIT : \$125.00

Lyndee Cleman

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 NOV 21 PM 3:32

ORDER DATE : November 21, 2011
ORDER TIME : 12:0 PM
ORDER NO. : 987791-005
CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: SOBEL NEW HORIZONS 2011, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: _____

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 NOV 21 11 33 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOBEL NEW HORIZONS 2011, 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:

3 Grove Isle Drive, Apt. 1210
Coconut Grove, FL 33133

3 Grove Isle Drive, Apt. 1210
Coconut Grove, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Clifford M. Sobel

Name

3 Grove Isle Drive, Apt. 1210

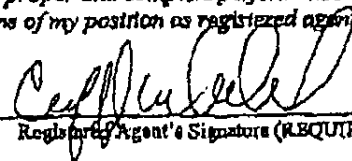
Florida street address (P.O. Box NOT acceptable)

Coconut Grove

FL 33133

City, State, and Zip

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.

x 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

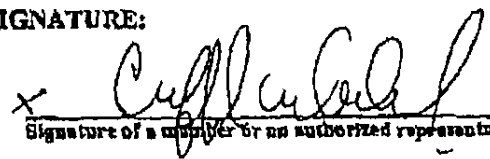
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Jonathan Sobel</u> <u>40 Dorison Drive</u> <u>Short Hills, NJ 07078</u>
<u>MGR</u>	<u>Julie Sobel Kaplan</u> <u>6 Curcy Lane</u> <u>West Orange, NJ 07052</u>
<u>MGR</u>	<u>Scott Sobel</u> <u>95 Emerald Hill Road</u> <u>Singapore 229371</u>
<u>MBR</u>	<u>Clifford M. Sobel</u> <u>3 Grove Isle Drive, Apt. 1210</u> <u>Coconut Grove, FL 33133</u>

(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 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.)

Clifford M. Sobel, Member
Typed or printed name of signer

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)