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SECNETARY OF STATE
SECNETARY OF STATE

COVER LETTER

)	TO:	Registration Section Division of Corporations				
SUBJECT: MACKENZIE J. STERN, LLC Name of Limited Liability Company						
			ted Elability Company			
	The en	e enclosed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:					
	JAY ZABEL					
			Name of Person			
JAY ZABEL & ASSOCIATES, LTD.						
	Firm/Cempany					
	55 WEST MONROE STE 3950					
Address						
	CHICAGO, ILLINOIS 60603					
City/State and Zip Code						
	JZABEL@ZABELLAW.COM E-mail address: (to be used for future annual report notification)					
	For fur	For further information concerning this matter, please call:				
		JAY ZABEL	_at (312) 201-9800			
		Name of Person	Area Code & Daytime Telephone Number			
	Enclos	ed is a check for the following amount:	· .			
X	, §125.00	Filing Fee \$\int \$130.00\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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

ADTICLET

The name of the Limited Liability Company i	s:	
MACKENZIE J. STERN,	LLC	
(Must end with the words "Limited Lia	bility 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:	
5260 S. Landings Dr., #1605 Fort Myers, FL 33919	5260 S. Landings Dr., #1 Fort Myers, FL 33919	1605
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Edward J. Stern		
Name		
5260 S. Landings Dr. #1605		
Florida street a	ddress (P.O. Box NOT acceptable)	

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

33919

Registered Agent's Signature (REQUIRED)

Fort Myers

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR EDWARD J. STERN 5260 S. LANDINGS DR. #1605 FORT MYERS, FL 33919 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** mber 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 agreement. I am aware that any false information submitted in a document to the Department of tate constitutes a third degree felony as provided for in s.817.155, F.S.) MACKENZIE J. STERN Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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