

L11000144389

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

EFFECTIVE DATE 12-30-11

From:

Account Name : AKERMAN SENTERPITT - PALM BEACH
Account Number : I20100000048
Phone : (561) ~~659-8660~~ 862-4032
Fax Number : (561) ~~659-8679~~ 368-4668

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

Email Address: Kera.draetta@akerman.com

FLORIDA LIMITED LIABILITY CO.
1812 S Olive, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
11 DEC 27 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 DEC 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 28 2011

EXAMINER

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H110003018423

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1812 S. Olive, 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:2891 Long Meadow Drive
Wellington, FL 33414**Mailing Address:**2891 Long Meadow Drive
Wellington, FL 33414**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:

Lawrence Sosnow

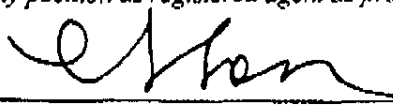
Name

2891 Long Meadow DriveFlorida street address (P.O. Box **NOT** acceptable)Wellington FL 33414

City, State, and Zip

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR
Sosnow Holdings, LLC
2891 Long Meadow Drive
Wellington, FL 33414

 11 DEC 27 AM 10:00
 STATE OF FLORIDA
 ALLAHAS

 11 DEC 27
 11:11:11

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 30, 2011 (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.)

LAWRENCE SOSNOW

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)

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