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To:

Division of Corporations

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From:

Account Name

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Account Number: 072450003255

Phone Fax Number : (305)634-3694 : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **3093 NE 210 STREET LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

3093 NE 210 STREET LLC

ARTICLE II Address

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

5950 Vista Linda Lane Boca Raton, FL 33433

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

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

Ira R. Shapiro 16375 NE 18th Avenue, Suite 225 North Miami Beach, FL 33162

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.

Ira R. Shapiro, Registered Agent

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ARTICLE IV Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The names of the managers are as follows:

Wendy Pine 5950 Vista Linda Lane Boca Raton, FL 33433 Robert Pine 5950 Vista Linda Lano Boca Raton, FL 33433

Wendy Pine, Manager

Date: //3//2

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(In accordance with Section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation water the penalities of perjury that the facts stated herein are true.)

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SECRETARY OF STATE

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