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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone

: (302)531-0855

Fax Number

: (850)656-7953

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

## FLORIDA LIMITED LIABILITY CO. **GJN** Associates LLC

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

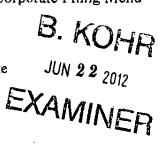
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https://efile.sunbiz.org/scripts/efilcovr.exe

6/21/2012



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: **GJN Associates 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: c/o Gunther K. Buerman c/o Gunther K. Buerman 4019 South Ocean Blvd. 4019 South Ocean Blvd. Highland Beach, FL 33487 Highland Beach, FL 33487 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: Incorporating Services, Ltd. 1540 Glenway Drive

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

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

(CONTINUED)

Page 1 of 2

Tallahassee

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

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

MGR	Gunther K. Buerman
NON	4019 South Ocean Blvd.
	Highland Beach, FL 33487
MGR	Joseph G. Bucci
	5520 Route 63
	Groveland, NY 14462
MGR	Neil L. Cohen
	c/o Emergid Development Managers LP 909 Third Avenue, New York, NY 10022
Use attachment if necessary)	
E.V. Effective date if other than t	he date of filing: (OPTION
esting data is listed the data money	be specific and cannot be more than five business d

### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 508.408(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.)

Carla J. Penazek, authorized representative

Typed or printed name of signee

#### Fliing Fees:

\$125.00 Filling Fea for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)