

L12000108245

8/22/12

Division of Corporations

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

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

Email Address: bob@vinjarandcompany.com

**FLORIDA LIMITED LIABILITY CO.
Monroeville Properties LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
12 AUG 22 AM 11:16
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 23 2012

T. HAMPTON

H12000210457

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Monroeville Properties 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:

21579 Arbor Way

21579 Arbor Way

Boca Raton, FL 33428

Boca Raton, FL 33428

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

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

Sheldon Klasfeld

Name

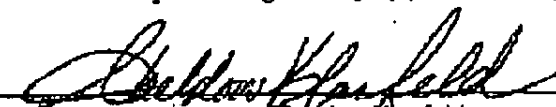
21579 Arbor Way

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33428

(City / State / 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.


Registered Agent's Signature - Sheldon Klasfeld

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

H12000210457

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Sheldon Klasfeld - 21579 Arbor Way, Boca Raton, FL 33428

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Sheldon Klasfeld

Typed or printed name of signee

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