

# L1300021293134938

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**FLORIDA LIMITED LIABILITY CO.  
JOAV VILLAGE LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**JOAV VILLAGE LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 500 HIBISCUS DRIVE, HALLANDALE BEACH, FL 33009

**ARTICLE IV**

The name of the Managing Member and Manager(S) shall be:

**MANAGING MEMBER  
JOEL GLICKSMAN  
500 HIBISCUS DRIVE  
HALLANDALE BEACH, FL 33009**

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

**JOEL GLICKSMAN  
500 HIBISCUS DRIVE  
HALLANDALE BEACH, FL 33009**

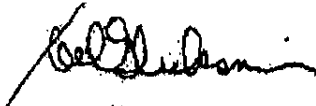
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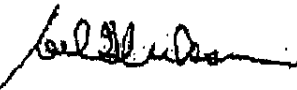
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

JOAV VILLAGE LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



Signature of Registered Agent



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

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TALLAHASSEE, FLORIDA

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(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)

JOEL GLICKSMAN

Typed or printed name signee

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