

L13000/42502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

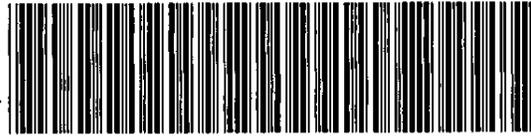
Special Instructions to Filing Officer:

OCT - 9 2013

A. LUNT

W13-55865

Office Use Only



500251782165

RECEIVED
DEPARTMENT OF STATE
13 OCT - 7 AM 4: 18

2013 OCT - 8 AM 9: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

837178



RECEIVED
DEPARTMENT OF STATE

13 OCT -8 PM 4:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

CSC
ATTN: SUSIE KNIGHT

RESUBMIT

Please give original
submission date as file date.

SUBJECT: LIVING TREE INVESTMENTS LLC
Ref. Number: W13000055865

We have received your document for LIVING TREE INVESTMENTS LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 113A00023549

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 837178-005 4803460

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 7, 2013

ORDER TIME : 3:16 PM

ORDER NO. : 837178-005

CUSTOMER NO: 4803460

STATE OF FLORIDA
FALL ANKERSIDE PLAZA

2013 OCT -7 AM 9:32

FILED

DOMESTIC FILING

NAME: LIVING TREE INVESTMENTS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Living Tree Investments 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 Warren Racusin
Lowenstein Sandler LLP
65 Livingston Ave., Roseland, NJ 07068

c/o Warren Racusin
Lowenstein Sandler LLP
65 Livingston Ave., Roseland, NJ 07068

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

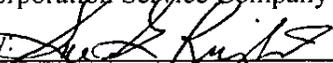
Tallahassee FL 32301
City, State, and Zip

FILED
2013 OCT -7 AM 9:32
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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..

Corporation Service Company

Sue G. Knight
Assistant Vice President

By: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

Ron Parmar

7 Jenna Court

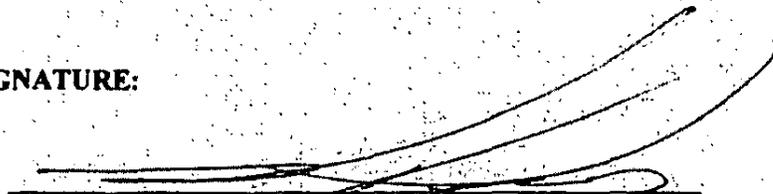
Scotch Plains, NJ 07076

2013 OCT -7 AM 9:32
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Warren Racusin, Authorized Representative

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)