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(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

CUDIECT.

HOLLYWOOD 1910B, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY R. JAFFE

Name of Person

HOLLYWOOD 1910B, LLC

Firm/Company

5454 WISCONSIN AVENUE, SUITE 1265

Address

CHEVY CHASE, MD 20815

City/State and Zip Code

GARY@THEJAFFEGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNNE JACOB

_,301

652-6366

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 2013 OCT -2 M ID: 45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
HOLLYWOOD 1910B, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1910 B HOLLYWOOD BLVD.	5454 WISCONSIN AVENUE, SUITE 1265
HOLLYWOOD, FL 33020	CHEVY CHASE, MD 20815
	Name T, #16E, HOLLYWOOD, FL 33020
	treet address (P.O. Box <u>NOT</u> acceptable)
	FL City, State, and Zip
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and cand accept the obligations of my position.	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with an as registered agent as provided for in Chapter 608, F.S
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(CO	ONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	GARY R. JAFFE
	5454 WISCONSIN AVENUE, SUITE 1265
	CHEVY CHASE, MD 20815
	····
	
(I I a attachment if we are and	
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business day
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a man (In accordance with section)	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a more constitutes an affirmation of I am aware that any false is constitutes a third degree for the effective date in the effective date, if other than the effective date is listed, the date of filing date in the effective date is listed, the date of filing date in the effective date is listed, the date of filing date in the effective	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State relative as provided for in \$ 817.155. F.S.)
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