

#L/13000158010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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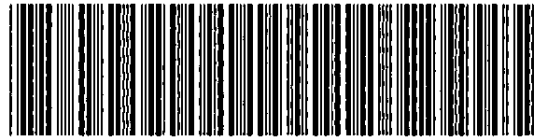
(Business Entity Name)

(Document Number)

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13 NOV -8 AM 11:40
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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DATE: 11/8/13

NAME: NY GOODS LLC

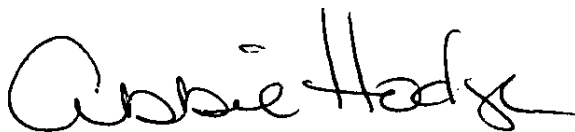
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability company is NY GOODS LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address

10 Addison Boyce Drive
New City, NY 10956

Mailing Address

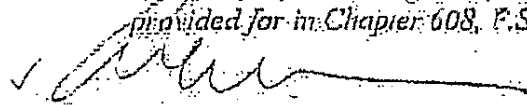
10 Addison Boyce Drive
New City, NY 10956

III. - Registered Agent, Registered Office & Registered Agent's Signature:

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

Arnold Simon
c/o Physicians Surgical Group, 40 Southeast 5th Avenue
Boca Raton, FL 33432

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 (REQUIRED)

(continued)

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

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

<u>Title</u>	<u>Name and Address</u>
"MGR" - Manager	
"MGRM" -Managing Member	
MGRM	Elizabeta Nikprelevic 10 Addison Boyce Drive New City, NY 10956
MGRM	Vaso Nikprelevic 10 Addison Boyce Drive New City, NY 10956

ARTICLE V: Effective date if other than the date of filing (optional)

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.)

Elizabeta Nikprelevic