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N. Outligen MAY 2 - 2014

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DATE:

, in 60.

5/1/14

NAME:

736 BRANCH AVENUE LLC

TYPE OF FILING: ARTICLES

COST:

160.00

RETURN: CERTIFIED COPY AND CERTIFICATE OF STATUS PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations
CUD IE4	736 Branch Avenue LLC
SUBJE	Name of Limited Liability Company
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Çlifford Esher
	Name of Person
	Seyfarth Shaw LLP
	Firm/Company
	Two Seaport Lane, Suite 300
	Address
	Boston, MA 02210
	City/State and Zip Code
	cesher@seyfarth.com E-mail address: (to be used for future annual report notification)
For furth	ter information concerning this matter, please call:
Clifford	Esher 617 946-4811 at ()
•	Name of Person Area Code Daytime Telephone Number
Enclose	I is a check for the following amount:
_	Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$\$\text{\$155.00 Filing Fee & Certificate of Status}\$
	Malling AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
736 Branch Avenue 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 p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
246 Weils Road Palm Beach, FL 33480	c/o Jonathan Abad 802 Closter Dock Road Alpine N.J. 07620
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must designate an individual or
The name and the Florida street address of the	
Jonathan Abad	
	Name SS - IT
246 Wells Road	
Florida street address	(P.O. Box NOT acceptable)
Palm Beach	FL 33480 $\widetilde{\mathfrak{S}}_{FL}^{FL}$ 55
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jonathan Abad
MGR	802 Closter Dock Road
	Alpine N.J. 07620
	1100110 11.0.010120
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(Use attachment if necessary)	1
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