

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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albert@athomascoa.com

FLORIDA LIMITED LIABILITY CO. Globix Realty LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Globix Realty LLC	验 5
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:		A 2 1
he mailing address and street address o	f the principal office of the Limited Liability Company is:	70
rincipal Office Address:	Mailing Address:	: #5
12-22 72nd Avenue	112-22 72nd Avenue	gr. o.
orest Hills, NY 11375	Forest Hills, NY 11375	<i>,</i>
DTICLE III Desistand Loom De-	istered Office, & Registered Agent's Signature:	

Hubco Registered Agent Services, Inc.

155 Office Plaza Drive, Suite 1

Florida street address (P.O. Box NOT acceptable)

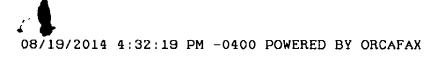
Tallahassee 32301 City Zip

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) Bruce B. Hubbard, President

> > (CONTINUED)

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Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager AMBR	Arnold Walter
AIVIBR	112-22 72nd Avenue
	Forest Hills, NY 11375
(Use attachment if necessary)	
· ·	e of filing: (OPTIONAL)
E V: Effective date, if other than the date extive date is listed, the date must be sp	e of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing:
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E V: Effective date, if other than the date ective date is listed, the date must be splitfilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me the accordance with section	ember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be splif filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (in accordance with section constitutes an affirmation a	ember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me the accordance with section constitutes an affirmation to I am aware that any false is	ember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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