

L14 000150644

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 26 2014

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 313548 7806023

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 25, 2014

ORDER TIME : 1:16 PM

ORDER NO. : 313548-005

CUSTOMER NO: 7806023

DOMESTIC FILING

NAME: 2319 N. MIAMI AVENUE 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: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2319 N. Miami 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2323 NE Miami Court

Miami, Florida 33137

c/o Goltens Worldwide Mgmt. Corp.

2317 Route 34, Suite 1B

Manasquan, New Jersey 08736

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:

Golten Service Company, Inc.

Name

2323 NE Miami Court

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

Miami

FL 33137

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.

Golten Service Company, Inc.

By: Theodore L. Polin

Registered Agent's Signature (REQUIRED)

Theodore L. Polin, Secretary

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Trul AS

c/o Goltens Worldwide Management Corp.

2317 Route 34, Ste 1B, Manasquan, NJ 08736

AMBR

Vivian Bayley

c/o Goltens Worldwide Management Corp.

2317 Route 34, Ste 1B, Manasquan, NJ 08736

AMBR

Carol Kasper

c/o Goltens Worldwide Management Corp.

2317 Route 34, Ste 1B, Manasquan, NJ 08736

AMBR

Sylvia Strand

c/o Goltens Worldwide Management Corp.

2317 Route 34, Ste 1B, Manasquan, NJ 08736

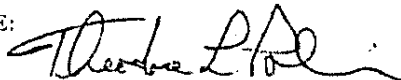
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Theodore L. Polin

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)

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