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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195 REFERENCE: 313548 7806023 AUTHORIZATION : COST LIMIT : ORDER DATE: September 25, 2014 ORDER TIME : 1:16 PM ORDER NO. : 313548-015 CUSTOMER NO: 7806023 DOMESTIC FILING NAME: GOLTENS MIAMI REALTY LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams - EXT. 62935

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:	
Goltens Miami Realty LLC (Must end	d 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:	Malling Address:	
2323 NE Miami Court Miami, Florida 33137	c/o Goltens Worldwide Mgmt. Corp.  2317 Route 34, Suite 1B  Manasquan, New Jersey 08736	
(The Limited Liability Compar another business entity with ar	gent; Registered Office, & Registered Agent's Signature:  y cannot serve as its own Registered Agent. You must designate an individual or active Florida registration.)  t address of the registered agent are:	ş
Golter	n Service Company, Inc.	
	Name Sin &	<u>n</u> .
2323	NE Miami Court	
Florid	a street address (P.O. Box NOT acceptable)	
Miam	FL This is a second of the sec	
	City Zip .	
the place designated in this capacity. I further agree to c of my duties, and I am famil Golt By:	red agent and to accept service of process for the above stated limited liability compant certificate, I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relating to the proper and complete performantiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  en Scrvice Company, Inc.  Registered Agent's Signature (REOUIRED)	is nce

Page 1 of 2

(CONTINUED)

Theodore L. Polin, Secretary

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Trul AS
	c/o Goltens Worldwide Management Corp.
	2317 Route 34, Ste 1B, Manasquan, NJ 08736
AMBR	Bayley Family 2011 Irrevocable Trust  c/o Goltens Worldwide Management Corp.  2317 Route 34, Ste 1B, Manasquan, NJ 08736  Kasper Family Irrevocable Trust
	c/o Goltens Worldwide Management Corp.
	2317 Route 34, Ste 1B, Manasquan, NJ 08736.
	₩ #
AMBR	Kasper Family Irrevocable Trust
	c/o Goltens worldwide Management Corp. and
	2317 Route 34, Ste 1B, Manasquan, NJ 08736 😤 📑
AMBR	<u> </u>
	are content transaction and tr
	2317 Route 34, Ste 1B, Manasquan, NJ 08736
(Use attachment if necessary)	
,	the date of file at
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LE V: Effective date, if other than the decrive date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Level Level Level Level Member of a member.
LE V: Effective date, if other than of fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with series)	of a member or an authorized representative of a member.
LE V: Effective date, if other than of fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sonstitutes an affirm	of a member or an authorized representative of a member. section 605:0203 (1) (b), Florida Statutes, the execution of this document station under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than of fective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any	of a member or an authorized representative of a member.
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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)