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FLORIDA LIMITED LIABILITY CO.
ALBATROSS CR TWO, LLC

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COVER LETTER

**TO: REGISTRATION SECTION
 DIVISION OF CORPORATION**

SUBJECT: David Chaplin

The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID CHAPLIN, ESQ.
BELOFF PARKER JACOBS, PLC
1691 MICHIGAN AVENUE, SUITE 360
MIAMI BEACH, FLORIDA 33139

Email Address: dchaplin@beloffparker.com

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ALBATROSS CR TWO, LLC,
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: **ALBATROSS CR TWO, LLC**, a Florida limited liability company

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: **Barry Weisfeld c/o Albatross CR Two, LLC, 5959 Collins Avenue, Suite 1005, Miami Beach, Florida 33140**

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

**DAVID CHAPLIN, ESQ.
BELOFF PARKER JACOBS, PLC
1691 MICHIGAN AVENUE, SUITE 360
MIAMI BEACH, FLORIDA 33139**

Having been named as registered agent and to accept service of process for the above state 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.



DAVID CHAPLIN, ESQ.

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Managing Member

David Weisfeld

Managing Member

Barry Weisfeld

ARTICLE -V -Effective Date, if other than the date of filing: _____(Optional)

ARTICLE- VI-Other provisions, if any.

REQUIRED SIGNATURE:


DAVID WEISFELD

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)

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