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SERRETARY OF STATE
TALLAHASSEE FLORIDA

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## CORPORAT

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ION SERVICE COMP	AHY.
	ACCOUNT NO. : 12000000195
	REFERENCE: 357401 4306525
	AUTHORIZATION: Spelle Ran
	COST LIMIT : (\$ 125.00
ORDER DATE	: October 30, 2014
ORDER TIME	: 11:10 AM
ORDER NO.	: 357401-005
CUSTOMER NO	: 4306525
	DOMESTIC FILING
NAME	: IOB 107, LLC
	EFFECTIVE DATE:
	CLES OF INCORPORATION
<del></del>	IFICATE OF LIMITED PARTNERSHIP CLES OF ORGANIZATION
PLEASE RETU	RN THE FOLLOWING AS PROOF OF FILING:
CER	TIFIED COPY
	TIFIED COPY IN STAMPED COPY TIFICATE OF GOOD STANDING
CONTACT PER	SON: Courtney Williams - EXT. 62935
	EXAMINER'S INITIALS:

## COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: 108 1		mited Liability Company	
	s of Organization and fee(s) a		
Please return all corn	espondence concerning this n	natter to the following:	
Michael	A. Goldstein, Esq.	Name of Person	
<u>Sills Cu</u>	mmis & Gross P.C.	Firm/Company	
One Riv	erfront Plaza, 13th Floor	Address	
<u>Newark.</u>	NJ 07102	City/State and Zip Code	
_mooidstein@si	iscummis.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	ase call:	•
Michael A. Goldste Nar	in. Esq. at (	973 ) 643-6589 Area Code Daytime Te	lephone Number
Enclosed is a check for	or the following amount:		
2 \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lling Address	Street/Courier Addy	<del>।दा</del>

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courter Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
IOB 107, LLC		
	ted Liability Company, "L.L.C.," or "LLC.	.")
ARTICLE II - Address: The mailing address and street address of the principa	d office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
225 West 34th Street Suite 1513	225 West 34th Street Suite 1513	
New York, NY 10122	New York, NY 10122	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra.  The name and the Florida street address of the position.	wn Registered Agent. You must designate ation.)	an individual or
The name and the Florida street address of the register	ien akeu aie.	
Corporation Service Comp Na	anymc	
1201 Havs Street		
Florida street address (P.O. E	Box NOT acceptable)	
Tallahassee	FL 32301	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the  Registered Agent's Sig	cept the appointment as registered agent an of all statutes relating to the proper and obligations of my position as registered agentapter 605, F.S  Janet Budhu, Asst. Vice Properties (REQUIRED)	d agree to act in this complete performance ent as provided for in

Filing Fees:	Title:	Name and Address:	
(Use attachment if necessary)  (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:		mber	
New York, NY 10122  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		<del></del>	
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Signature of a member or an authorized representative of this document constitutes a third degree felony as provided for in s.817.155, F.S.)  Craig Michaelson, authorized representative  Typed or printed name of signee  (OPTIONAL)  (In secondary days prior to or 90 days prior t			
LE V: Effective date, if other than the date of filing:			
Signsture 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. If 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.)  Craig Michaelson, authorized representative  Typed or printed name of signee	LE V: Effective date, if other Tective date is listed, the dat	than the date of filing: (OPTIONAL)	) days
(In accordance with section 605.0203 (1) (b), Florids Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. It is an 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.)  Craig Michaelson, authorized representative  Typed or printed name of signee	LE V: Effective date, if other fective date is listed, the dat of filing.)  LE VI: Other provisions, if an	than the date of filing: (OPTIONAL) the must be specific and cannot be more than five business days prior to or 90 ty.	) days
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