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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : BELOFF, PARKER, JACOBS, PLC.
 Account Number : I20080000060
 Phone : (305) 673-1101
 Fax Number : (305) 673-5505

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TALLAHASSEE FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Elizabeth@beloffparker.com

FLORIDA LIMITED LIABILITY CO.
158 Palm, LLC, a Florida limited liability company

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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J. BRUCE

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
158 PALM, 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: **158 PALM, 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:

183 Madison Avenue, Suite 1601, New York, New York 10016


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

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

**JONATHAN D. BELOFF, ESQ.
BELOFF PARKER JACOBS, PLC
1691 MICHIGAN AVENUE, SUITE 320
MIAMI BEACH, FLORIDA 33139**

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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.



JONATHAN D. BELOFF

(((H14000257711 3)))

ARTICLE IV

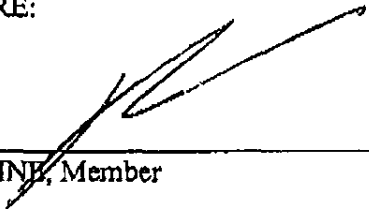
The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE:	NAME AND ADDRESS:
Member/Manager	Peter Fine 183 Madison Avenue, Suite 1601, New York, New York 10016
Member	Another Fine Production LLC, a New York Limited liability company 183 Madison Avenue, Suite 1601, New York, New York 10016

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

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



PETER FINE, Member

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(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.)

COVER LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATION**

SUBJECT: Jonathan D. Beloff

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

Please return all correspondence concerning this matter to the following:

**Jonathan D. Beloff, Esq.
BELOFF PARKER JACOBS, PLC
1691 MICHIGAN AVENUE, SUITE 320
MIAMI BEACH, FLORIDA 33139**

Email Address: jdb@beloffparker.com

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