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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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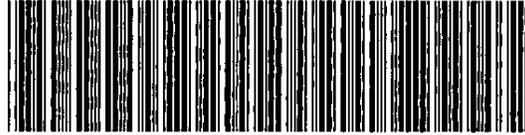
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 30 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2015

PETER PHILLIPS  
PO BOX 5600  
WOODBIDGE, NJ 07095-0988

SUBJECT: A&B FLORIDA ONE LLC  
Ref. Number: W15000028280

We have received your document for A&B FLORIDA ONE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014; all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00008152

Greenbaum Rowe  
Smith & Davis LLP

COUNSELORS AT LAW

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ROSELAND, NJ 07068-3701  
(973) 535-1600  
FAX (973) 535-1698

April 8, 2015  
*Via Federal Express*  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: A&B Florida One LLC**

Dear Sir or Madam:

Enclosed please find one original and one copy of the Articles of Organization for A&B Florida One LLC together with our firm's check for \$125 to cover the filing fee. Please file the Articles of Organization in your office and return the copy stamped "Filed" to my attention in the enclosed self-addressed stamped envelope.

If you have any questions please do not hesitate to contact me. Thank you.

Very truly yours,



Peter B. Phillips, Esq.

Enclosure

**ARTICLES OF ORGANIZATION  
FOR  
A&B FLORIDA ONE LLC**

\*\*\*\*\*

**ARTICLE I**

**NAME**

The name of the limited liability company is A&B Florida One LLC.

**ARTICLE II**

**ADDRESS**

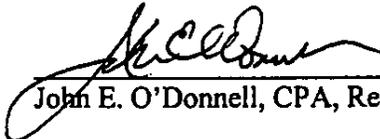
The mailing address and street address of the principal office of the limited liability company is 99 Wood Avenue South, 4th Floor, Iselin, New Jersey 08830.

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S  
SIGNATURE**

The name of the registered agent is John E. O'Donnell, CPA. The address of the registered office is 612 Armada Road S., Venice, Florida 34285.

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 605.0113(2).

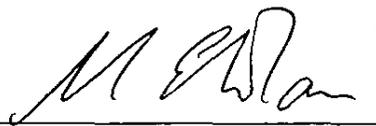
  
John E. O'Donnell, CPA, Registered Agent

**ARTICLE IV**

**MANAGEMENT**

The Company is to be a manager-managed company.

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TALLAHASSEE, FLORIDA



Alan E. Davis, Member

In accordance with Section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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15 APR 23 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA