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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (786) 288-5699  
Fax Number : (866) 856-1462

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

Email Address: paul@feldmanclosings.com

FLORIDA LIMITED LIABILITY CO.  
HOLLYWOOD 925, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

17 MAY -9 AM 11:56

CLERICAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY -9 AM 7:45

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOLLYWOOD 925, LLC

(Must contain 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:**2090 NE 186TH DR  
N MIAMI BEACH, FL 33179**Mailing Address:**2090 NE 186TH DR  
N MIAMI BEACH, FL 33179**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul Feldman, Esq.

Name

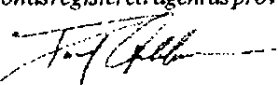
2750 NE 185th Street, Suite 203Florida street address (P.O. Box **NOT** acceptable)AventuraFL33180

City

State

Zip

*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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

N MIAMI BEACH, FL 33179

**\$ 5.00 Certificate of Status (Optional)**