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To:

Division of Corporations

Fax Number : (850)617~6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Emmil	Address:			
	*****			

## FLORIDA LIMITED LIABILITY CO. FEA Mile Investment Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES	OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liab	ility Company is:	
:		
FEA Mile Investir	ent Group LLC	
(Must cr	ed with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office o	f the Limited Liability Company is:
<u>Prins</u>	ipal Office Address:	Mailing Address:
Phillips Point, Eas	it Tower, Suite 1000	Attn: Mark Brown
West Palm Beach		Arnold & Porter Kaye Scholer LLP
		Phillips Point, East Tower, Suite 1000
		West Palm Beach, FL 33401
(The Limited Liability Compa	Agent, Registered Office, & Rej any cannot serve as its own Regis an active Florida registration.)	gistered Agent's Signature: tered Agent. You must designate an individual or
The name and the Florida stre	et address of the registered agent	are:
	Veorp Services, LLC	
	Nan	ne
	5011 South State Road 7, S	Suite 106
	Florida street address (P.O	, Box <u>NOT</u> acceptable)

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 posttlon as registered agent as provided for in Chapter 605, F.S..

State

Davie

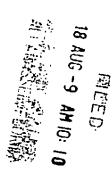
City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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îltle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	FE Global Investment Group, LLC
	Phillips Point, East Tower, Suite 1000 West Palm Beach, FL 33401
	West Paim Beach, FL 33401
MOR	Michael S. Alpert
MOR	435 Mistletoe Way
	Lawrence, NY 11559
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ctive date is listed, the date must be speci filling.)	f filing:
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not meterially a effective date on the Department of	ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no
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CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not metert's effective date on the Department of CVI: Other provisions, if any.  Signature of a menual content of the department of the content of the cont	et the applicable statutory filing requirements, this date will not State's records.  State's records.
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