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			N	ame of Limited	l Liability Cor	npany					
	The enclos	ed Articles of	Organization an	d fee(s) are su	binitted for fili	ing.					
	Please retu	m all correspo	ndence concern	ing this matter	to the followi	ng:					
		Jerome L. W	olf								
				N	ame of Person	- 				•	
		Katz Baskies	& Wolf PLLC								
		Firm/Company									
		3020 North Military Trail Suite 100									
					Address						
		Boca Raton, FL 33431									
		City/State and Zip Code									
		jerry.wolf@katzbaskies.com									
		I	E-mail address: ((to be used for	future annual	report noti	ification)				
	For further i	nformation co	ncerning this m	atter, please cal	ll:						
		Jerome L. W	olf	561 al (910-	-5700					
		Nam	e of Person	Area	Code Day	ytime Tele	phone N	umber	-		
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From: Katz Baskies & Wolf PLLC

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ARTICLESOFORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MALIBEN REALTY, LLC

(Must contain the words "Limited Linbility 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:	Mailing Address:
3020 NORTH MILITARY TRAIL	3020 NORTH MILITARY TRAIL
SUITE 100 BOCA RATON, FL 33431	BOCA RATON, FL 33431

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:

 KATZ BASKIES & WOLF PLLC

 Name

 3020 NORTH MILITARY TRAIL SUITE 100

 Florida street address (P.O. Box NOT acceptable)

 BOCA RATON
 FL
 33431

 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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From: Katz Baskies & Wolf PLLC



ARTICLE IV-

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

Name and Address:

Titles

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"AMBR" - Authorized Member "MGR" - Manager

MGR___

LENNERT GRUSZECKI S GREENHOUSE LÂNE BROOKVILLE, NY 11545-3143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Notes If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

	1	
RECHIRED SIGNATURE:	ſ	ty
Signature of a me	mber	or an suthorized representative of a member.

Signature of a member/or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.

JEROME L. WOLF, Authorized Representative Typed or printed name of signet

Pilling Rees:

\$125.00 Filing Few for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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