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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO. Yakar Private Equity - CLAT LLC

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ARTICLES DE ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Yakai Private Equity - CLAT LLC	0 (110) (910)
(Must contain the words "Limited Lisbi	lity Company, "L.L.C.," or "L.L.C.")
CLE H - Address:	
alling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
429 Lenox Avenue	429 Lenox Avenue
Miami Beach, Florida 33139	Mianti Beach, Florida 33139

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

C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Florida Plantation Zip

State

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 statues 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)

Donna Peterson-Riggs,

City

Asst. Secretary

(CONTINUED)

Page: 4 of 4

Title: "AMBR" - Authorized Member "MGR" - Manager	Name and Address:		
AMBR	Yakar Partners Management LLC 429 Lenox Avenue Mjami Beach, Florida 33139		
And the second s			
lective date is tisted, the date musi be	ate of filing: Upon Filing	NAL) for to or 90 days	after
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department.	ot meet the applicable statutory filing requirements, this d	_	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department LE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this d	ate will not be lis	ited as
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department of the Depart	ot meet the applicable statutory filing requirements, this dent of State's records. Thember or an authorized representative of a member ecuted in accordance with section 605.0203 (1) (b), Floridals, information submitted in a document to the Department	ate will not be lis	ited as
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