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Florida Department of State

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FLORIDA LIMITED LIABILITY CO. AVENTURA FL MANAGEMENT LLC

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVENTURA FL MANAGEMENT LLC

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(Must end with 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: 180 SYLVAN AVE STE 4 ENGLEWOOD CLIFFS, NJ 07632 ENGLEWOOD CLIFFS, NJ 07632

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:

INTERSTATE AGE	ENT SERVICES, LL	.C
-	Name	
100 SE 2ND STREE	T SUITE 2000 #209	9
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	FI.	33131
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. Thereby 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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"AMBR" = Authorized Member "MGR" - Manager MGR MARK FRIEDMAN 1076 EAST 23RD ST BROOKLYN, NY 11210 MEAL EINHORN 41 VIRGINIA AVE CLIFTON, NJ 07012 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Coptional] [<u>Title:</u>	Name and Address:
MGR IO76 EAST 23RD ST BROOKLYN, NY 11210 MGR NEAL EINHORN 41 VIRGINIA AVE CLIFTON, NJ 07012 (Use attachment if necessary) EV: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	
MGR NEAL EINHORN 41 VIRGINIA AVE CLIFTON, NJ 07012 (Use attachment if necessary) EV: Effective date, if other than the date of filing:		MARK FRIEDMAN
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (Sective date, if other than the date of filing:	MOR	
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(Use attachment if necessary) EV: Effective date, if other than the date of filing:		41 VIRGINIA AVE
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		CLIFTON, NJ 07012
(Use attachment if necessary) E.V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.		
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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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	EV: Effective date, if other than ective date is listed, the date must of filing.) If the date inserted in this block do ment's effective date on the Department's effective date on the Department of the Departm	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State	EV: Effective date, if other than fective date is listed, the date must of filing.) If the date inserted in this block do ment's effective date on the Department's effective date on the Department is Signature. Signature This document is a massare that a constitutes a thir	es not meet the applicable statutory filing requirements, this date will no rement of State's records. Of a member or an authorized representative of a member, as executed in accordance with section 605.0203 (1) (b), Florida Statutes into false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.