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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: ORDERS@INTERSTATEFILINGS.COM

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VECTANED

# FLORIDA LIMITED LIABILITY CO. JRF REAL ESTATE LLC

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ARTICLE 1 - Name:

17183041175

From: Alexander Englard

(((H21000421346 3)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED CIABILITY COMPANY

# The name of the Limited Liability Company is: | IRF REAL ESTATE LLC | | (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:

## Mailing Address:

| 5514 BROKES SOUND BLVD NW | 5514 BROKEN SOUND BLVD NW |
|---------------------------|---------------------------|
| APT 2301                  | APT 2301                  |
| BOCA RATON, FL 33487      | BOCA RATON, FL 33487      |

#### 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:

Principal Office Address:

|                        | Name                      |            |
|------------------------|---------------------------|------------|
| 514 BROKEN SOU         | ND BLVD NW <del>30</del>  | † APT 2301 |
| Florida street address | s (P.O. Box <u>NOT</u> ac | cceptable) |
| BOCA RATON             | FL                        | 33487      |
| 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..

Registered Agents Stature (REQUIRED)

(CONTINUED)

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(((H21000421346 3)))

From, Alexander Englard

To: +18506176381 - - Page: 4 of 4

(((H21000421346 3)))

| Title:   | Name and Address:   |      |
|--|---|------|
| "AMBR" = Authorized Member   |   |      |
| "MGR" = Manager<br>MGRM  | Justin Freedman   |      |
| NCIKNI   | 5514 BROKEN SOUND BLVD NW APT 2301  |      |
|  | BOCA RATON, FL 33487  |      |
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