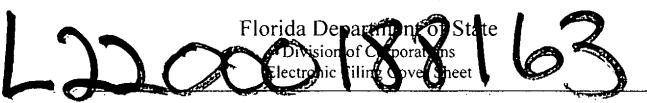
Division of Corporations



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# FLORIDA LIMITED LIABILITY CO.

## The Villas at Franklin Arms LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

The Villas at Franklin Arms LLC

(Must conatin 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:

Mailing Address:

2999 191st Street, Suite 408	2999 191st Street, Suite 408
Aventura, FL 33180	Aventura, FL 33180

#### 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:

Avraham D. Mano	ucheri	
	Name	
8925 Collins Ave.	Apt 6F	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Surfside	FL	33154
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..

/s/ Avraham D. Manoucheri

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TILED

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

<u>Title:</u> "AMBR" = Autho "MGR" ←Manage		
AMBR	Avraham D. Manoucheri  8925 Collins Ave, Apt 6F  Surfside, FL 33154	
AMBR	Aaron Manoucheri 500 Oxford Road Cedarhurst, NY 11516	
		<del></del>
an effective date is listed date of filing.) ote: If the date inserted it	f necessary)  te, if other than the date of filing: (OPTIONAL)  d, the date must be specific and cannot be more than five business days prior to or  in this block does not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.	
TICLE VI: Other provis	·	
REOUIRED SIG	SNATURE:	
	/s/ Avsaham O. Manoucheri	
I	Signature of a member or an authorized representative of a member. his document is executed in accordance with section 605.0203 (1) (b), Florida and aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.	AW Z
	Avraham D. Manoucheri Typed or printed name of signee	-6 -6
	Filing Fees:	營 圣

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)