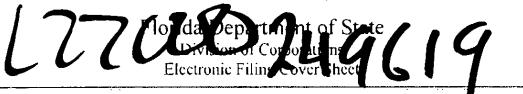
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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

Email Add	ess:
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FLORIDA LIMITED LIABILITY CO.

2609 Santa Barbara Blvd, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2609 Santa Barbara Blvd, LLC

(Must contain 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:

1201 S. Ocean Drive, Apt. 1902 S Hollywood, FL 33019

1201 S. Ocean Drive, Apt. 1902 S Hollywood, FL 33019

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:

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

Plantation Florida 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..

Kimberly Baggett, Asst Secretary

ध्रिते रे Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	William H. Martoccia, Jr. 1201 S. Ocean Drive, Apt. 1902 S Hollywood, Fl. 33019
(Use attachment if necessary)	
	te of filing: DATE OF FILING (OPTIONAL)
effective date is listed, the date must be sate of filing.)	pecific and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be sate of filing.) : If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
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William H. Martoccia, Jr.

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

