Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425~0077 Fax Number ; (845)818-3588

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. 1757 SW 30th Place LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | U |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu — Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability | Company is: | | | | |
|---|---|---|--|--|--|
| 175 | 57 SW 30th Place | LLC | | | |
| (Must contai | n the words "Limited L | iability Compa | ny, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street add | iress of the principal of | fice of the Limi | ted Liability Company is: | | |
| Principal Office Address: | | | Malling Ad | dress: | |
| 1757 SW 30th Place LLC Ft. Lauderdale, FL 33315 | | | _1757 SW 30th Place LLC _Et_l auderdale, FL 33315 | | |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | annot serve as its own a rive Florida registration | r) | gent's Signature: nt. You must designate an | individual or | |
| The name and the Florida street ad | dress of the registered | agent are: | | | |
| | Mark Beck | | | | |
| | | Name | | | |
| | 1757 SW 3 | 30th Place L | .LC | | |
| | Florida street address | (P.O. Box NO | T acceptable) | | |
| Ft. Lauderdale, FL 33315 | | | | | |
| | City | State | Zip | | |
| Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli | hereby accept the appo visions of all statutes re | intment as regi lating to the pn is registered ag | stered agent and agree to o oper and complete perform | ict in this capacity. I sance of my dutles, and I | |

(CONTINUED)

CRETARY OF STATE



~ Page: 3 of 3

ARTICLE IV-

| Title: | Name and Address: | | |
|--|--|----------------|---|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager AMBR | | | |
| AMDR | Mark Beck 2 Greg Sikorsky Drive | | |
| | Monsey New York 10852 | | |
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| (Use attachment if necessary) | | | |
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