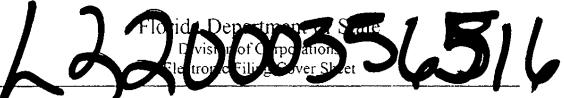
Division of Corporations



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

**Enter	the	email a	address	for	this	buşin	ess	entity	to	be	used	for	futu	re,
an	nual	report	mailin	gs.	Enter	only	one	email	addi	ress	s ple	ase.	* *	<u> </u>

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# FLORIDA LIMITED LIABILITY CO. DFILP FIELDSTONE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DFILP Fieldstone, LLC

(Must contain the words "Limited Liability Company, "L.I., 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:

c/o Auburudale Properties, Inc.	c/o Aubumdale Properties, Inc.
50 Tice Blvd., Suite 320	50 Tice Blvd., Suite 320
Woodcliff Lake, NJ 07677	Woodeliff Lake, NJ 07677

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 City

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 ugent as provided for in Chapter 605, F.S.,

C I Corporation System

By: You've Angel by Sandra Zwijack, Assistant Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

FL052 - GA/14/2030 Wolters Klaines Online

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Dempsey Family Investments Limited Partnership c/o Auburndale Properties Inc. 50 Tice Blvd Suite 320 Woodeliff Lake, NJ 07677
AMBR	BJD Holdings, ELC c/o Auburndale Properties Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
MGR	Benjamin Demnsey c/o Augumdale Properties, Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
(Use attachment if necessary)	
T.E.V: Effective date, if other than the deffective date is listed, the date must be e of filing.)	specific and cannot be more than five husiness days prior to or 90 days meet the applicable statutory filing requirements, this date will not be ent of State's records.
CLE VI: Other provisions, if any.	

Tal Mor- Duly Authorized on behalf of BJD Holdings, LLC
Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

## Filing Fees:

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

constitutes a third degree felony as provided for in 5.817.155, F.S.

\$' 5.00 Certificate of Status (Optional)