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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 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 Address:

FLORIDA LIMITED LIABILITY CO. DFILP Wolfpack, LLC

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

DFILP Wolfpack, 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:

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

c/o Auburndale Properties, Inc.
50 Tice Blvd., Suite 320
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

Florida

33324

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.

By: South Syste

by Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

221	
AUG I	
2	
PH II:	
J.	

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	Dempsey Family Investments Limited Partnership c/o Auburndale Properties Inc. 50 Tice Blvd., Suite 320 Woodeliff Lake, NJ 07677
AMBR	BJD Holdings, LLC c/o Aubumdale Properties Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
MGR	Benjamin Dempsey c/o Auburndale Properties; Inc., 50 Tice Blvd., Suite 320 Woodeliff Lake, NJ 07677
effective date is listed, the date na	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date made of filing.)	oes not meet the applicable statutory filing requirements, this date will not be lie
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CLE V: Effective date, if other than effective date is listed, the date made of filing.) If the date inserted in this block decument's effective date on the Deport LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document I am aware that	e of a member or an authorized representative of a member. is executed if accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State.
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