

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000421709 3)))



H220004217093ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : SHOPPING CENTER MANAGEMENT
 Account Number : 120210000196
 Phone : (305)933-5507
 Fax Number : (305)933-5550

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

Email Address: forsini@turnberry.com

FLORIDA LIMITED LIABILITY CO.
TB F&B LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

(((H22000421709 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TB F&B LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario A. Romine

Name of Person

Turnberry Associates

Firm/Company

19501 Biscayne Boulevard, Suite 400

Address

Aventura FL 33180

City/State and Zip Code

mromine@turnberry.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario A. Romine	305	933.5507
at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
---	---	---	--

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H22000421709 3)))

22 DEC 15 PM 12:35
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

(((H22000421709 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TB F&B 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:19501 Biscayne BoulevardSuite 400Aventura, FL 33180Mailing Address:19501 Biscayne BoulevardSuite 400Aventura, 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:

C T Corporation System

Name

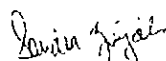
1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFL33324

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.



C T Corporation System, Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000421709 3)))

22 DEC 15 PM 12:35

(((H22000421709 3)))

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member


"MGR" = Manager

AMBRHarrison Bernstein
19501 Biscayne Boulevard, Suite 400
Aventura, FL 33180AMBRBenjamin Bernstein
19501 Biscayne Boulevard, Suite 400
Aventura, FL 33180AMBRKatryn Bernstein
19501 Biscayne Boulevard, Suite 400
Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.317.155, F.S.HARRISON BERNSTEIN

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

22 DEC 15 PM 12:35

(((H22000421709 3)))