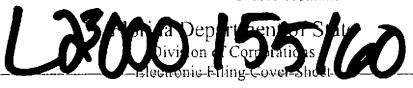
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO. 4101 OLEANDER GROUP LLC

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From Yanet Avila

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

(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:

Geza M Szini Sebo		
	Name	
17555 Collins Ave Ap	t 2006	<u> </u>
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Sunny Isles Beach	Fl.	33160
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..

Guya M. Syiki Suko

AZZZOAZZZESE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Τo

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\$ 5.00 Certificate of Status (Optional)

	id address of each person	authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = "MGR" = N	Authorized Member fanager	Name and Address:
AMBR		Geza M Szini Scho 17555 Collins Ave Apt 2006 Sunny Isles Beach JT, 33160
AMBR		Jozsef Norbert Rau 17555 Collins Ave Apt 2006 Sunny Isles Beach FL 33160
		
	ment if necessary)	
(If an effective date is the date of filing.) Note: If the date inse	s listed, the date must be	t meet the applicable statutory filing requirements, this date will not be liste
(If an effective date is the date of filing.) Note: If the date inse	s listed, the date must be a crted in this block does no tive date on the Departmen	specific and cannot be more than five business days prior to or 90 days af at meet the applicable statutory filing requirements, this date will not be liste
(If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other	s listed, the date must be a crted in this block does no tive date on the Department provisions, if any.	specific and cannot be more than five business days prior to or 90 days af a meet the applicable statutory filing requirements, this date will not be liste nt of State's records.
(If an effective date is the date of filing.) Note: If the date inso the document's effect ARTICLE VI: Other	s listed, the date must be a crted in this block does no tive date on the Departmen	specific and cannot be more than five business days prior to or 90 days af at meet the applicable statutory filing requirements, this date will not be listent of State's records.
(If an effective date is the date of filing.) Note: If the date inso the document's effect ARTICLE VI: Other	s listed, the date must be a certed in this block does not tive date on the Department provisions, if any. DSIGNATURE: Signature of a term of the This document is executed any face and any face and any face and any face are designed.	specific and cannot be more than five business days prior to or 90 days af a meet the applicable statutory filing requirements, this date will not be liste nt of State's records.
(If an effective date is the date of filing.) Note: If the date inso the document's effect ARTICLE VI: Other	s listed, the date must be a certed in this block does not tive date on the Department provisions, if any. DSIGNATURE: Signature of a term of the This document is executed any face and any face and any face and any face are designed.	ment the applicable statutory filing requirements, this date will not be listent of State's records. Decompression of State State State State of a member or an authorized febres entative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.