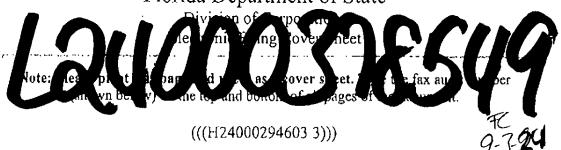
Florida Department of State





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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone

Fax Number

: (800)342-9856 : (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. 1080 NB1 LLC

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ARTICLES OF ORCANIZATION

1080 NBI LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
Principal Office Address: 3250 NE 1st AVE	Malling Address: 3250 NE 1st AVE

Name 3250 NE 1st AVE Florida street address (P.O. Box NOT acceptable) IMAIM 33137 FLORIDA

City Zip State

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.

DENNIS ARAKELIAN

DENNIS ARAKELIAN Registered Agent's Signature (REQUIRED)

(CONTINUED)

4240002946033

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	DENNIS ARAKELIAN 3250 NE 1st AVE 543mi Alaka Alaka MIAMI, FL 33137	_ _ _
		_
(Use attachment if necessary)	te of filing: (OPTIONAL)	7666 1 1
(if an effective date is listed, the date ithist be sp the date of filing.)	t meet the applicable statutory filing requirements, this date will a	S isted as
ARTICLE VI: Other provisions, if any.	STATE	
REQUIRED SIGNATURE:	NS ARAKEIIAN	
Signature of a m This document is execu I am aware that any fals	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes lise information submitted in a document to the Department of Statutes tree felony as provided for in 8.817.155. F.S.	

DENNIS ARAKELIAN

Typed or printed name of signee

H240002941/033