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236 East 6th Avenue. Tallahassee, Florida 32303

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1. CUTLER BAY AL OPERATING LLC (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CUTLER BAY AL OPERATING 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:
19301 SW 87TH AVE	50 CHESTNUT RIDGE RD, SUITE 107
CUTLER BAY, FL 33157	MONTVALE, NJ 07645

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:

NUCO FILINGS COL	<u>кр</u>	
	Name	
155 OFFICE PLAZA	DR. IST FL.	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
TALLAHASSEE	FL	32301
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.

/S/ELLIOTT TEITELBAUM	TALL	024 OC	
Registered Agent's Signature (REQUIRED)	_ ≥₹	<u> </u>	41.74278
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ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	MORDECHAI WEISZ 50 CHESTNUT RIDGE RD. SUITE 107 MONTVALE. NJ 07645
(1 les attachment if a suggest)	<u></u>

(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,

/S/ELLIO ⁻	IT TEITELBAUM	6) ~ >
Signature of a member of	r an authorized representat	ive of a members	024
This document is executed in ac	cordance with section 605.02	03 (1) (b). Florid	i Sta ut e
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constitutes a third degree felony	as provided for in s.817.155,	F.S. 巴马	
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	Signature of a member of This document is executed in ac I am aware that any false inform constitutes a third degree felony ELLIOTT TEITELBAU!	This document is executed in accordance with section 605.02 I am aware that any false information submitted in a documen constitutes a third degree felony as provided for in s.817.155, <u>ELLIOTT TEITELBAUM</u> Typed or printed name of signee	Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Floride I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S. ELLIOTT TEITELBAUM Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)