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Florida Department of State
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To:
        Division of Corporations
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From:
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        Account Number  : I22130000018
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        **Enter the email address for this business entity to be used for future
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        Email Address:  paul@feldmanclosings.com
```

FLORIDA LIMITED LIABILITY CO.
Waterview 1434 LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Waterview 1434 LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
9499 Collins Ave Apt. PH4	9499 Collins Ave Apt. PH4
Surfside, FL 33154	Surfside, FL 33154

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:

Paul Feldman, P.A.

Name

2750 NE 185th Street, Suite 203

Florida street address (P.O. Box **NOT** acceptable)

Aventura	FL	33180
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, FS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR   JOUDAL LASCHKAR, SARAH MALKA
                                      9499 Collins Ave Apt. PH4
                                        Surfside, FL 33154

MGR   LASCHKAR, NATHANIEL
                                        9499 Collins Ave Apt. PH4
                                        Surfside, FL 33154

(Use attachment if necessary)

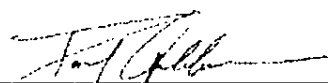**ARTICLE V:** Effective date, if other than the date of filing _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable 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.817.155, F.S.

Paul Feldman, Esq.
Typed or printed name of signee

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)