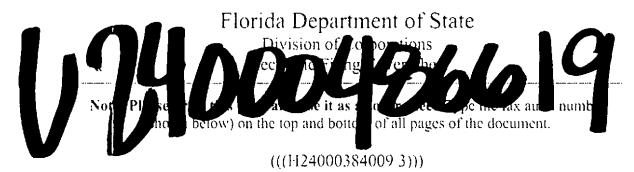
Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-9077 Fax Number : (845)818-3588

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Tiptoe ABA LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

Help



(b)

19886118813

North Miami Beach, FL 33162

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Page 2 of 3

ARTICLE I - Name: The name of the Limited Liability Company is:	
Tiptoe ABA LLC	
(Must contain the words "Limited Liabi	lity 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:
1060 NE 180th Terrace	1060 NE 180th Terrace

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:

North Miami Beach, FL 33162

Mordechai Senderovits	Name	
1060 NE 180th Terrace		
Florida street address (Р.О. Вох <u>NOT</u> ас	(ceptable)
North Miami Beach	F1.	33162

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Jfurther 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/Mordechai Senderovits 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: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Renven Moskowitz
	34 Larch Hill Rd, Lawrence, NY, 11559
(Use attachment if necessary)	
date of filing.)	e specific and cunnot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
REQUIRED SIGNATURE:	/s/Steven Mandel
This document is ext I am aware that any f	member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S.
Steven Mande	Typed or printed name of signee
	Filing Fage

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

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)