

Charter Number Only

2/6/95 **L95000000108**

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55 FEB -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Norman T. Roberts Esq.

Requester's Name

50 W. Mashta Dr. #2

Address

Key Biscayne Fl 33149

City

State

ZIP

Phone

ATTENTION ONLY

CORPORATION(S) NAME

DDM APARTMENTS, A LIMITED COMPANY.

800001402688

02/10/95--01015--01

***285.00 ***285.00



MP18

Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

695A-5179 2/7/95

(Signature)

ARTICLES OF ORGANIZATION
OF
DDM APARTMENTS, A LIMITED COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is:

DDM APARTMENTS, A LIMITED COMPANY

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

50 West Mashta Drive
Suite 2
Key Biscayne, Florida 33149

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be:

Until dissolved in the manner provided by law, or as provided in the regulations adopted by the Members.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the Members and the names and addresses of the Managing Members are:

<u>Name</u>	<u>Address</u>
David Abadi	2456 Ocean Parkway Brooklyn, New York 11235
Michael Weiss	25 Sagamore Street Plainview, New York 11803

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

Member shall have the right to admit new members by unanimous consent. Contributions required of new member shall be determined as of the time of admission to the Limited Liability Company.

ARTICLE VI - RIGHTS TO CONTINUE BUSINESS

A member's interest in the Limited Liability Company may not be sold or otherwise transferred except with unanimous written consent of all members. On the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Limited Liability Company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FOR

DDM APARTMENTS, A LIMITED COMPANY

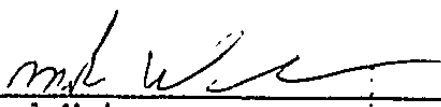
The undersigned member of DDM Apartments, a Limited Company, deposes and says:

1) the above named limited liability company has at least two members.

2) the total amount of cash contributed by the member(s) is \$ 250,000.00.

3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 -. A description of the property is attached and made a part hereto.

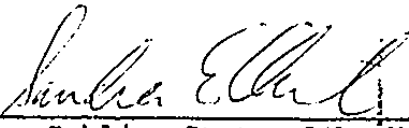
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 250,000.00. This total includes amounts from 2 and 3 above.


Michael Weiss

STATE OF New York)
) SS:
COUNTY OF Nassau)

SWORN TO AND SUBSCRIBED before me this 26 day of January, 1995 by Michael Weiss.

My Commission Expires:


Notary Public, State of New York
at Large

SARAH CHAYEN
Notary Public, State of New York
No. 41476728
Qualified for Nassau County
Commission Expires October 31, 1995

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
FEB -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
DDM Apartments, a Limited Company

2. The name and address of the registered agent and office is:

Norman T. Roberts
(Name)

50 West Mashta Drive, Suite 2
(P.O. Box not acceptable)

Key Biscayne, Florida 33149
(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.

NORMAN T. ROBERTS
(Signature)

1/27/95
(Date)



FILING FEE: \$ 35 for Designation of Registered Agent

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

06 MAY 20 1996

STATE
FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra H. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DDM APARTMENTS, A LIMITED COMPANY 50 WEST MASHTA DRIVE STE. 2 KEY BISCAIYNE FL 33149		DOCUMENT #L95000000108	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. Principal Place of Business Address 50 WEST MASHTA DRIVE STE. 2 KEY BISCAIYNE FL 33149 3. Date Organized or Qualified 02/07/1995 3b. State of Formation FL 4. FET Number 65-0558883 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$0.75 Additional Fee Requested	
7. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHTA DRIVE STE. 2 KEY BISCAIYNE FL 33149		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.410 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (If 201 Registered Agent, separate signature is also required)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ABADI, DAVID	2456 OCEAN PARKWAY	BROOKLYN NY
MGRM	WEISS, MICHAEL	25 SAGAMORE STREET 40 GILBERT ST LANE	PLAINVIEW NY
			60000181310L -05/08/96--01043--010 ****238.75 ****238.75 
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: DAVID ABADI		