

L95000000392

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 222-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

95 MAY 22 AT 9-20

DIVISION OF CORPORATION

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FLORIDA STATE
DIVISION OF CORPORATIONS
MAY 22 9:12:02

525 Lincoln Road
Associates, L.C.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. Filing		
Corp. Record Search		
Ltd. Partnership Filing		
Foreign Corp. Filing		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
Art. of Amend. Filing		
Dissolution/Withdrawal		
C U S-		
Fictitious Name Filing		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Art. of Organization		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 Filing		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		
SUBTOTALS		

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY *[Signature]* _____

WALK-IN 5:02 Ppm
Will Pick Up

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF ORGANIZATION
OF
525 LINCOLN ROAD ASSOCIATES, L.C.

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
JAN 22 PM 12:02

ARTICLE I

The name of the limited liability company formed hereby is 525 LINCOLN ROAD ASSOCIATES, L.C.

ARTICLE II

The duration of 525 LINCOLN ROAD ASSOCIATES, L.C. shall be until December 31, 2050, unless sooner dissolved.

ARTICLE III

The mailing address and street address of 525 LINCOLN ROAD ASSOCIATES, L.C. is:
c/o Semet, Lickstein, Morgenstern, Berger, Friend, Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134
Attention: Paul S. Berger, Esq.

ARTICLE IV

The Registered Agent of 525 LINCOLN ROAD ASSOCIATES, L.C. and his address in the State of Florida is:

Paul S. Berger, Esq.
Semet, Lickstein, Morgenstern, Berger,
Friend, Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

ARTICLE V

The Members may admit additional Members with the approval of the Managing Members and of a majority of the Members on such terms and conditions as may be approved by the Managing Members, a majority of the Members and the additional Member to be admitted.

ARTICLE VI

The remaining Members of 525 LINCOLN ROAD ASSOCIATES, L.C. have the right to continue the business of 525 LINCOLN ROAD ASSOCIATES, L.C. upon the death, retirement, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in 525 LINCOLN ROAD ASSOCIATES, L.C.

ARTICLE VII

525 LINCOLN ROAD ASSOCIATES, L.C. is to be managed by a Managing Member. The initial Managing Members to serve until their successors are elected and qualified are:

Paul S. Berger
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

Judy Schwartz
37 Hubbardton Road
Wayne, NJ 07470

ARTICLE VIII

Either Managing Member shall have full authority to execute documents and otherwise act on behalf of the Company without the joinder or approval of the other Managing Member.


Paul S. Berger, Managing Member

**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

FILED
CLERK OF STATE
DEPARTMENT OF CORPORATIONS
JUN 22 PM 12:02

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is 525 LINCOLN ROAD ASSOCIATES, L.C.

2. The name and address of the Registered Agent and office is:

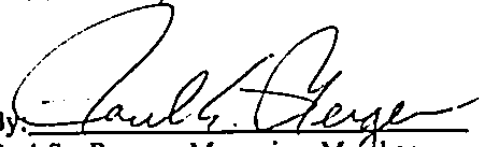
Paul S. Berger, Esq.
c/o Semet, Lickstein, Morgenstern, Berger,
Friend, Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


Paul S. Berger, Esq., Registered Agent

Date: May 16, 1995

525 LINCOLN ROAD
ASSOCIATES, L.C.

By: 
Paul S. Berger, Managing Member

Date: May 16, 1995

AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

STATE OF FLORIDA
DEPARTMENT OF REVENUE
50 MAY 22 PM 12:00

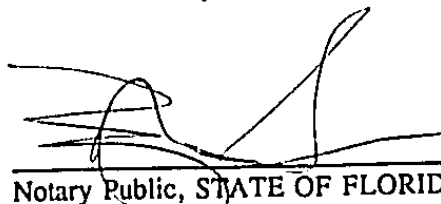
STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The undersigned, Paul S. Berger, Managing Member of 525 LINCOLN ROAD
ASSOCIATES, L.C., deposes and says:

1. The above-named limited liability company has at least two Members.
2. The total amount of cash contributed by the Members is \$ 450,000.00.
3. The agreed value of property other than cash contributed by members is \$-0-.
4. The total amount of cash anticipated to be contributed by Members in the future is
\$-0-


Paul S. Berger, Managing Member

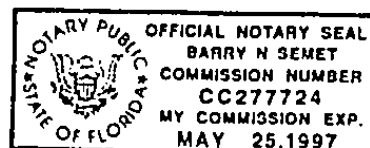
SWORN TO AND SUBSCRIBED before me this 16th day of May, 1995 by Paul S.
Berger, ☒ who is personally known to me or ☐ who has produced _____ as
identification.


Notary Public, STATE OF FLORIDA

Print Name: _____


My Commission Expires:

[d]F:\WP\WP5339\012\AFFIDA13.BNS(5/11/95-14:29)



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

APPROVED

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt 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 DOCUMENT #L95000000392 525 LINCOLN ROAD ASSOCIATES, L.C. % SEMET, LICKSTEIN, MORGENSTERN, BERGER 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		1a. Principal Place of Business Address % SEMET, LICKSTEIN, MORGENSTE 201 ALHAMBRA CIRCLE, SUITE 12 CORAL GABLES FL 33134	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 05/22/1995		3a. State of Formation FL	
4. FEI Number 11-3291813		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> SA 75 Additional Fee Required	
7. Name and Address of Current Registered Agent BERGER, PAUL S ESQ. % SEMET, LICKSTEIN, MORGENSTERN, BER 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 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 _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: If Registered Agent signature is required when re-registering)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BERGER, PAUL S ESQ	201 ALHAMBRA CIR., SUITE 1	CORAL GABLES FL
MGRM	SCHWARTZ, JODY	37 HUBBARDT ROAD	WAYNE NJ
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: <u>Jody Schwartz</u>		2/27/96	
JODY SCHWARTZ		Daytime Phone #	