

# L950000000722

CAPITAL CONNECTION, INC.

417 N. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 221-8062

Mailing Address: Post Office Box 10149, Tallahassee, FL 32302

TOLL FREE Fls. 1 Box 342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
CLERK OF STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 SEP 20 AM 10:27

W95-185719

AL SEP 20 1995

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY MLC \_\_\_\_\_

WALK IN 9/14 12:30  
Will Pick Up

RE: Forty One Associates

L.C.

95 SEP 14 9 58 AM '95

	C.O. FEE.	QUANTITY
<input checked="" type="checkbox"/> Capital Expenses		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input checked="" type="checkbox"/> Foreign Corp. Filing		
<input type="checkbox"/> ( ) Cert. Copy(4)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C.O. No.		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Statement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC Filing Filing		
<input type="checkbox"/> UCC Filing Search		
<input type="checkbox"/> UCC Filing Retrieval		
<input type="checkbox"/> Filing Fee, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( )		

SUBTOTAL 800001532018  
-09/25/95-01007-006  
\*\*\*\*337.50 \*\*\*\*337.50

FEE	\$
DISCOUNT	\$
SUBCHANGE	\$
TAX on Corporate Supplies	\$
SUBTOTAL	\$
PAYMENT	\$
BALANCE DUE	\$

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

THANK YOU  
From  
Your Capital Conn



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State

September 14, 1995

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: FORTY ONE ASSOCIATES L.C.  
Ref. Number: W95000018519

We have received your document for FORTY ONE ASSOCIATES L.C. and check(s) totalling \$337.50. However, your check(s) and document are being returned for the following:

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 695A00042333

A large, stylized handwritten signature in black ink, appearing to read "CORP CONNECTION".

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

RECEIVED  
35 SEP 20 11 10:27  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Forty One Associates L.C.

**ARTICLE II - Address:**

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

211 Broadway Suite 202  
Lynbrook, N.Y. 11563

**ARTICLE III - Duration:**

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

The LLC provision for dissolution provides that the bankruptcy, death, dissolution, expulsion, incapacity or withdrawal of a member will cause a dissolution of the LLC unless within 180 days after the event, the LLC is continued by a vote of a majority in interest of all remaining members.

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Daniel Wiener  
41 Spruce Street  
Cedarhurst, N.Y. 11516

Jude Wiener Blotner  
211 Broadway Suite 202  
Lynbrook, N.Y. 11563

**ARTICLE V- Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

That a membership interest is assignable, in whole or in part, but the only effect of the assignment is to entitle the assignee to distributions and allocations of profits and losses to which the assignor would be entitled. The assignee however, does not become a member entitled to participate in management unless a majority in interest of the other members consent to the admission.

**ARTICLE VI- Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The LLC will dissolve unless within 180 days after the event, the LLC is continued by a vote of a majority in interest of all of the remaining members.

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
\_\_\_\_\_ Forty One L.C. \_\_\_\_\_ deposes and says:

- 1) the above named limited liability company has at least two members YES
- 2) the total amount of cash contributed by the member(s) is \$ 0 .
- 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  
\$ 0 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.  
(In accordance with section 601.401(7), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 SEP 20 AM 10:27

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: \_\_\_\_\_

Forty One Associates L.C.

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

Capital Connection, Inc.  
(Name)

417 E. Virginia Street Suite 1  
(P.O. Box not acceptable)

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.*

Barbara Nealey  
(Signature)

9/14/95  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

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

APPROVED  
AND  
FILED

96 MAR 25 AM 10:27

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Motham  
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 #L95000000722**

FORTY ONE ASSOCIATES L.C.  
211 BROADWAY, SUITE 202  
LYNBROOK NY 11563

**1a. Principal Place of Business Address**

211 BROADWAY, SUITE 202  
LYNBROOK NY 11563

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

**2 Principal Place of Business**

**2a. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3. Date Organized or Qualified**

09/20/1995

**3a. State of Formation**

FL

**4. FEI Number**

11-3291668

☐ Applied For

☐ Not Applicable

**5. Date of Last Report**

**6. Certificate of Status Desired**

☐ SR 15 Additional Fee Required ☐

**7. Name and Address of Current Registered Agent**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE FL 32301

**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) (X) (X) (Registered Agent signature required when resigning)

**10. Title**

**Managing Members/Managers**

**Business Street Address**

**City, State and Zip Code**

MGRM WIENER, DANIEL

41 SPRUCE STREET

CEDARHURST NY

MGRM WIENER BLOTNER, JUDE

211 BROADWAY, SUITE 202

LYNBROOK NY

300001760738

-03/28/96--01037--026

\*\*\*\*238.75 \*\*\*\*238.75

*[Handwritten Signature]*  
3/25/96

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: DANIEL WIENER**

*[Handwritten Signature]*

3/18/96

516 599-3700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER OR MANAGER EMPOWERED TO SIGN

(Date)

Daytime Phone