

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 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 \$ _____



REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE 11/31/97 _____
 TIME 9:00 _____ CK No. _____
 BY CD _____

WALK-IN _____
 Will pick Up _____

RE: 826 Collins Avenue
Associates, L.C.

	C.C. FEE.	DISBURSED
☒ Capital Express™		
☒ Art. of Inc. File <u>LC</u>		
☐ Corp. Record Search		
☐ Ltd. Partnership File		
☐ Foreign Corp. File		
☒ () Cert. Copy(s)		
☐ Art. of Amend. File <u>00002079311--2</u>		
☐ Dissolution/Withdrawal <u>-02/05/97-01131-026</u>		
☐ C U S- <u>****337.50 ****337.50</u>		
☐ Fictitious Name File		
☐ Name Reservation		
☐ Annual Report/Reinstatement		
☐ Reg. Agent Service		
☐ Document Filing		
☐ Corporate Kit		
☐ Vehicle Search		
☐ Driving Record		
☐ Document Retrieval		
☐ UCC 1 or 3 File		
☐ UCC 11 Search		
☐ UCC 11 Retrieval		
☐ File No.'s, _____ Copies		
☐ Courier Service		
☐ Shipping/Handling		
☐ Phone ()		
☐ Top Priority		
☐ Express Mail Prep.		
☐ FAX () _____ pgs.		
SUBTOTALS _____		

FILED
 97 JAN 31 AM 11:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

RECEIVED
 96 JAN 31 AM 9:24
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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
826 COLLINS AVENUE ASSOCIATES, L.C.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is 826 COLLINS AVENUE ASSOCIATES, L.C.

ARTICLE II

The duration of 826 COLLINS AVENUE ASSOCIATES, L.C. shall be until December 31, 2050, unless sooner dissolved.

ARTICLE III

The mailing address and street address of 826 COLLINS AVENUE ASSOCIATES, L.C. is:

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

ARTICLE IV

The Registered Agent of 826 COLLINS AVENUE ASSOCIATES, L.C. and his address in the State of Florida is:

Paul S. Berger, Esq.
Semet, Lickstein, Morgenstern, Berger,
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 826 COLLINS AVENUE ASSOCIATES, L.C. have the right to continue the business of 826 COLLINS AVENUE 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 826 COLLINS AVENUE ASSOCIATES, L.C.

ARTICLE VII

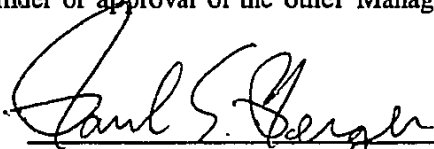
826 COLLINS AVENUE ASSOCIATES, L.C. is to be managed by a Managing Member. The initial Managing Members to serve until their successors are elected and qualified are:

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

Jody 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

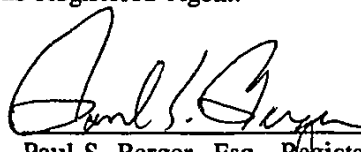
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is 826 COLLINS AVENUE ASSOCIATES, L.C.

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

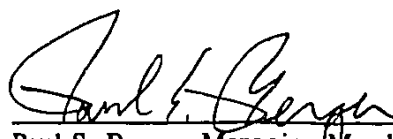
Paul S. Berger, Esq.
c/o Semet, Lickstein, Morgenstern, Berger,
Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

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: January 29, 1997

826 COLLINS AVENUE ASSOCIATES, L.C.

By: 
Paul S. Berger, Managing Member

Date: January 29, 1997

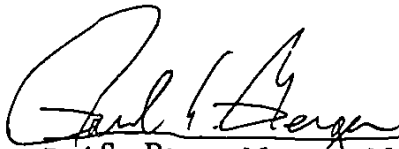
AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The undersigned, Paul S. Berger, Managing Member of 826 COLLINS AVENUE 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 \$ 286,000.00.
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 29th day of January, 1997 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:

