

L98000002265

**ESQUIRE CORPORATE NETWORKS, INC.**

41 State Street, Ste. 515  
Albany, New York 12207  
N.Y.S. (800) 433-0773  
FAX (518) 434-0943

100 Golden Isles Drive, Ste. 1204  
Hallandale, Florida 33009  
Nationwide (800) 548-2680  
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October 13, 1998

Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32301  
Att: CORPORATIONS DIVISION

200002663272--7  
-10/14/98--01028--003  
\*\*\*\*285.00 \*\*\*\*285.00

RE: UNIVERSAL ALGOT ASSOCIATES, L.C.

Dear Sirs/Madams,

Enclosed please find an ORIGINAL and COPY of the ARTICLES OF ORGANIZATION for the above referenced limited liability company. Please FILE AND CERTIFY, using the attached check in full payment for services requested, and return to the above using the enclosed FEDERAL EXPRESS envelope.

Thank you for your cooperation in this matter.

Very truly yours,

Jodie Skibinsky

CM

FILED

OCT 14 1998

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\*\*\*\*\*52.50 \*\*\*\*\*52.50

ESQ

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY OF  
UNIVERSAL ALGOT ASSOCIATES, L.C.

under Section 608 of the Florida Statutes

THE UNDERSIGNED, for the purpose of forming a limited liability company pursuant to Section 608.407 of the Florida Statutes, does hereby certify and set forth:

ARTICLE ONE: NAME

The name of the Limited Liability Company is:

UNIVERSAL ALGOT ASSOCIATES, L.C.

ARTICLE TWO: ADDRESS

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

100 Golden Isles Drive, Suite 1204  
Hallandale, Florida 33009

ARTICLE THREE: DURATION

The period of duration of the Limited Liability Company shall be until December 31, 2038.

ARTICLE FOUR: MANAGEMENT

The Limited Liability Company is to be managed by the managing member and the name and address of the managing member is:

Rubin Pikus  
400 Park Avenue, 19th Floor  
New York, New York 10022

ARTICLE FIVE: PURPOSE

The Limited Liability Company's (the "Company's") business and purpose shall consist of the acquisition, ownership, operation and management of the real property and such activities as are necessary, incidental or appropriate in connection therewith.

ARTICLE SIX: INDEMNIFICATION

The Limited Liability Company shall have the power to

indemnify, to the fullest extent permitted by the LLCL, as it may be amended, from time to time, all persons whom it is permitted to indemnify pursuant thereto.

IN WITNESS WHEREOF, I have signed this Certificate on this 13th day of October, 1998, and I affirm the statements contained herein as true, under penalties of perjury.

UNIVERSAL ALGOT ASSOCIATES, L.C.

By:



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Rubin Pikus  
Organizing Member

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20 OCT 14 PM 1:14  
FBI - ALABAMA  
FBI - MOBILE

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member of **Universal Algot 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 members is \$ 100.00.

(3) If any, the agreed value of property other than cash contributed by members is: \$ 000.00.

A description of this property is attached and made a part hereto.

(4) The amount of cash or property anticipated to be contributed by members is: \$ 000.00.

(5) The total amount of 2,3 and 4 is: \$ 100.00.

**IN WITNESS WHEREOF**, I have signed this Affidavit on this 13th day of October, 1998, and I affirm the statements contained herein as true, under penalties of perjury.

**UNIVERSAL ALGOT ASSOCIATES, L.C.**

By:

*Rubin Pikus*

Rubin Pikus  
Organizing Member

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OCT 14 PM 1:15  
FALLS CHURCH, VIRGINIA

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

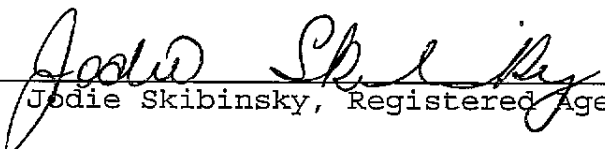
(1) The name of the Limited Liability Company is:

**UNIVERSAL ALGOT ASSOCIATES, L.C.**

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

Jodie Skibinsky  
100 Golden Isles Drive, Suite 1204  
Hallandale, Florida 33009

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.

  
Jodie Skibinsky, Registered Agent

FILED  
50 OCT 14 PM 1:15  
TALLAHASSEE, FLORIDA