

L98000003047

Document Number Only

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

900002704569--0
-12/07/98--01087--020
****346.25 ****346.25

CORPORATION(S) NAME

Greyage Investments, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -7 PM 4:05

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability	<i>MH</i>
Document Examiner	<i>MH</i>
Updater	<i>MH</i>
Verifier	<i>MH</i>
Acknowledgment	<i>MH</i>
W.P. Verifier	<i>MH</i>

Please Return Extra Copies
File Stamped.

Thank You!!

Hope

12/7
RECEIVED
98 DEC -7 PM 11:05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

GREYEAGLE INVESTMENTS LLC

ARTICLE II - Address

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is/are:

c/o HOCKERT, PRESSMAN & FLOHR, ESQS.
880 Third Avenue
New York, New York 10022

ARTICLE III - Duration

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

Ten (10) years

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:

SAMUEL STEEN
11392 S.W. 86th Lane
Miami, Florida 33173

/ / 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:

(FLA. - LLC 3207 - 3/8/96)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC - 7 PM 4:05

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

c/o C T CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

***ARTICLE VII - Admission of Additional Members**

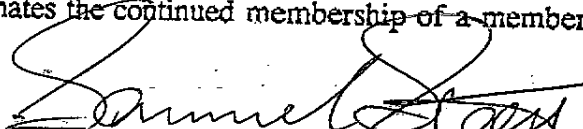
The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

***ARTICLE VIII - 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:

December 4, 1998

(Date)


(Signature of Member or the Authorized Representative of a Member)

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

C T CORPORATION SYSTEM

By Connie Bryan
(Signature)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name of Officer)

12/7/98
(Date)

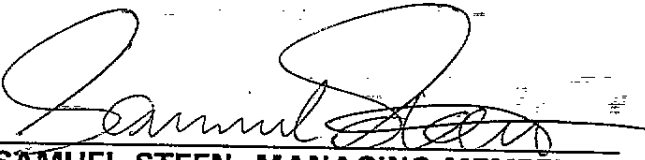
(Title of Officer)

*(If applicable)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
GREYEAGLE INVESTMENTS LLC _____ 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 \$ 635,532.52
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ _____. 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
\$ 635,532.52. This total includes amounts from 2 and 3 above.


SAMUEL STEEN, MANAGING MEMBER

Signature of a member or authorized representative of a member.
(In accordance with section 608.402(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit