

L99000002544



ACCOUNT NO. : 072100000032

REFERENCE : 227353 109203A

AUTHORIZATION :

*Patricia Pujat*

COST LIMIT : \$ 285.00

ORDER DATE : May 4, 1999

ORDER TIME : 11:08 AM

ORDER NO. : 227353-005

000002862100--1

CUSTOMER NO: 109203A

CUSTOMER: Mr. Neil Eisenstein  
KODSI & EISENSTEIN, P.A.  
KODSI & EISENSTEIN, P.A.  
One Cypress Plaza, Suite 302  
701 W. Cypress Creek Road  
Fort Lauderdale, FL 33309

DOMESTIC FILING

NAME: H.I.M. TAX CERTIFICATES,  
L.L.C.

① mailing address

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	5/4/99
Availability	XX <i>de</i>
Document	_____
Examiner	CONTACT <i>DCC</i> PERSON: Mimi Stephens
Updater	DCC
Updater verifier	DCC
Notarization	DCC
W. P. Verifier	DCC

CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

59 MAY -4 AM 11:29

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAY -4 PM 4:30

FILED

990100000000

455000000000



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 4, 1999

MIMI STEPHENS  
CSC  
TALLAHASSEE, FL 32301

SUBJECT: H.I.M. TAX CERTIFICATES, L.L.C.  
Ref. Number: W99000010399

We have received your document for H.I.M. TAX CERTIFICATES, L.L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the limited liability company.

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 (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 299A00024058

ARTICLES OF ORGANIZATION

H.I.M. Tax Certificates, L.L.C.

A LIMITED LIABILITY COMPANY

(Pursuant to s. 607.407, Florida Statutes)

FILED  
99 MAY -4 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


1. Name. The name of the limited liability company is H.I.M. Tax Certificates, L.L.C..
2. Purpose. The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. Address of Principle Office. The principle address of the limited liability company is 701 W. Cypress Creek Rd. Suite 302, Ft. Lauderdale, Fl. 33309 and the mailing address shall be the same.
4. Term. Term of this LLC shall be perpetual.
5. Members at Time of Formation. There will be at least one member at the time the limited liability company is formed.
6. Period of Duration. The period of duration shall be perpetual.
7. Management. Management of the Limited Liability Company at the time of formation is reserved for the initial member(s) whose name(s) and address(es) are as follows:  
  
Initial Members:  
Isaac Kodsí  
706 N.E. 2nd Street #5  
Ft. Lauderdale, Fl. 33301  
  
Henry Zuckerberg  
60 Route 46 East  
Fairfield, NJ. 07004
8. Additional Members. The names and addresses of additional members(s) are as follows:  
MDI Funding, Inc.
9. Admission of New Members. With the written unanimous consent of the members, new members may be admitted into the LLC upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the event that new members are admitted into the LLC, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members

and the new member.

10. Members Right to Continue Business. The remaining members of the limited liability company shall have the right to continue 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 as further set forth in the Operating Agreement of the limited liability company

11. Affidavit of Membership and Contribution. The undersigned member or authorized representative of a member of H.I.M. Tax Certificates, L.L.C. certifies:

- a.) The above named limited liability company has at least one member;
- b.) The total amount of cash contributed by the member(s) is \$ 50,000.00;
- c.) If any, the agreed value of property other than cash contributed by the member(s) is \$ 0.00;  
(A description of the property is attached)
- d.) The total amount of cash and property contributed and anticipated to be contributed by the member(s) is \$ 50,000.00;

  
Isaac Kodsi  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAY -4 PM 4:38

FILED

**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 submits the following statement to designate a registered office and registered agent in the state of Florida.

1. Name. The name of the limited liability company is H.I.M. Tax Certificates, L.L.C.
2. Registered Office. The address of the registered office of the limited liability company is 701 W. Cypress Creek Rd. Suite 302, Ft. Lauderdale, Fl. 33309.
3. Registered Agent. Kodsí & Eisenstein, P.A. , is appointed, and by his signature below accepts appointment, to act as the Registered agent of H.I.M. Tax Certificates, L.L.C..

*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.*

  
Kodsí & Eisenstein, P.A.

**FILED**  
99 MAY -4 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA