

# L 99 00000 3832

117 NE 1ST AVENUE, L.L.C.  
Requestor's Name

101 SW 15TH ROAD  
Address

MIAMI, FL 33129  
City/State/Zip Phone #

600002913066--7  
-06/23/99--01044--001  
\*\*\*\*285.00 \*\*\*\*285.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

600002913066--7  
-06/23/99--01044--002  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 JUN 23 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FL  
6-29-99

**ARTICLES OF ORGANIZATION  
OF  
117 NE 1<sup>ST</sup> AVENUE, L.L.C.**

*The undersigned, for the purpose of forming a limited company under the Florida Limited Liability Company act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.*

**ARTICLE I.  
NAME**

*The name of the limited liability company shall be:*

117 NE 1<sup>ST</sup> AVENUE, L.L.C.

**ARTICLE II.  
ADDRESS**

*The mailing and street address of the principal office of the company shall be*

101 SW 15<sup>th</sup> Road, Miami, Florida 33129

**ARTICLE III.  
DURATION**

*The company shall commence its existence on the date these articles of organization are filed by Florida Department of State. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.*

**ARTICLE IV.  
REGISTERED OFFICE AND AGENT**

*The name and street address of the registered agent of the company in the State of Florida is Manuel diner, P.A., 141 NE 3<sup>rd</sup> Avenue, Suite 601, Miami, Florida 33132.*

**ACKNOWLEDGMENT AND CONSENT OF REGISTERED AGENT**

Having been named Initial Registered Agent to accept service of process on the Company at the Initial Registered Office designated in these Articles of organization, I hereby accept such status and consent to act in this capacity and agree to comply with all the requirements of law pertaining thereto.

  
**REGISTERED AGENT**

FILED  
99 JUN 23 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V.**  
**CAPITAL CONTRIBUTIONS**

*The members of the company shall contribute to the capital of the company the cash or property set forth in Exhibit "A".*

**ARTICLE VI.**  
**ADDITIONAL CAPITAL CONTRIBUTIONS**

*Each member shall make additional capital contribution to the company only on the unanimous consent of all the members.*

**ARTICLE VII**  
**ADMISSION OF NEW MEMBERS**

*No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.*

**ARTICLE VIII.**  
**TERMINATION OF EXISTENCE**

*The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.*

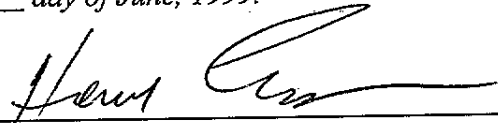
**ARTICLE IX**  
**MANAGEMENT**

*The company shall be managed by the members in accordance with the operating agreement adopted by the members for the management of the business and affairs of the company. The operating agreement may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and address of the members of the company are:*

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
ARBEL, INC. B.H.P. Promotions & Investments Limited, an Israeli corporation	P.O. Box 393388, Miami, Fl. 33239-0388  P.O. Box 393388, Miami, Fl. 33239-0388

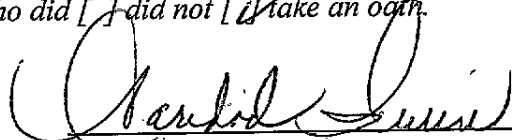
FILED  
JAN 23 PM 3: 22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Miami, Florida, on this 2<sup>nd</sup> day of June, 1999.

  
Haim Einhorn, as President of Arbel, Inc.

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE   )

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of June, 1999 by Haim Einhorn, as President of Arbel, Inc., a Florida corporation, who is personally known to me [ ] or has produced \_\_\_\_\_ as identification and who did [ ] did not [ ] make an oath.

  
Notary Public, State of Florida

Print Name: CARIDAD FERREIRA

My Commission Expires:

c:\wpdocs.corp.artoforgan..wpd



Caridad Ferreira  
MY COMMISSION # CC627608 EXPIRES  
March 10, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

FILED  
99 JUN 23 PM 3: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

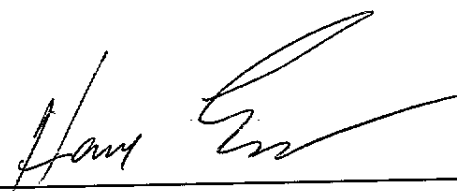
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of 117 NE 1<sup>st</sup>  
AVENUE, L.L.C.,  
disposes and says:

1. The above named liability company has at least two members.
2. The total amount of cash contributed by the members is \$10,000.00.
3. If any, the agreed value of property other than cash contributed by members is \$-0-.
4. The total amount of cash or property anticipated to be contributed by members is \$10,000.00. The total includes amounts from 2 and 3 above.

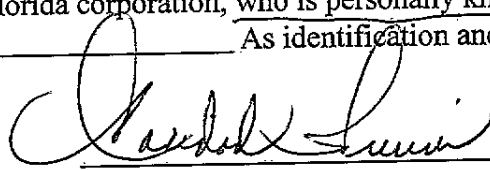
**THE AFFLIANT SAYS NOTHING FURTHER**

Dated: June 2, 1999.

  
Haim Einhorn, as President of Arbel, Inc. a  
Florida corporation

STATE OF FLORIDA                     )  
  )SS  
COUNTY OF MIAMI-DADE         )

The foregoing instrument was acknowledged before me this 2 day of June, 1999 by  
Haim Einhorn, as President of Arbel, Inc., a Florida corporation, who is personally known to me  
[ ] or has produced \_\_\_\_\_ As identification and who did [ ]  
[ ] did not [ ] take an oath.

  
Notary Public, State of Florida  
Print Name: CARIDAD FERREIRA

My Commission Expires:



Caridad Ferreira  
MY COMMISSION # CC627608 EXPIRES  
March 10, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

FILED  
99 JUN 23 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA