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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NRS@nrsacctg.com

JUL 12 PM 1: 17

FLORIDA LIMITED LIABILITY CO.

498-1 NE LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

TIL ET

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | 498-1 NE LLC | |
|---|---|--|
| (Must end with the | words "Limited Liability Company, "L.L.C | "." or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | f the principal office of the Limited Liabilit | y Company is: |
| Principal Office Address: | Mailing Address: | |
| 153 E. Palmetto Park Road | 153 E. Palmetto P | |
| Boca Raton, FL 33432 | Boca Raton, FL 33 | 3432 |
| The name and the Florida street address on Yacov Chair | - | |
| Yacov Chaim | Name | |
| 450 5 0 1 | | |
| | etto Park Road Idress (P.O. Box <u>NOT</u> acceptable) | <u></u> |
| Florida street ad | | |
| | ы 33432 | |
| Boca Raton | FL 33432 City Zip | |
| Boca Raton Having been named as registered agent of the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an | FI. 33432 City Zip and to accept service of process for the above. I hereby accept the appointment as register the provisions of all statutes relating to the additional accept the obligations of my position as reconstructed that the control of | red agent and agree to act in the proper and complete performa |

Page 1 of 2

(CONTINUED)

H24000237006

| REQUIRED SIGNATUR Signa (In accordance constitutes an I am aware the | |
|---|---|
| REQUIRED SIGNATUR Signa (In accordance constitutes an I am aware the | ture of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this documen affirmation under the penalties of perjury that the facts stated herein are true, t any false information submitted in a document to the Department of State |
| REQUIRED SIGNATUR | a lasce alwanter |
| V | у. |
| V | |
| LEV: Effective date, if other ffective date is listed, the date of filing.) | than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 94 |
| (Use attachment if necessar | |
| | |
| | |
| | |
| | |
| | |
| | Boca Raton, FL 33432 |
| | Yacov Chaimov 153 E. Palmetto Park Road |
| "MGR" = Manager AMBR | nber |