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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ZUL Realty LLC (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
John J. Der Ber's (Name of Person)					
DXD Enterprises					
68 Now Part Ave.					
(Address)					
Hartford CT Ole 10 4 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Jan J. Du Gris at 660 23/-8023 (Name of Person) (Area Code & Daytime Telephone Number)					

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 04 JUN 28 PM 3: 36

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat	me: imited Liability Company is:	
The number of the E.	ZUL Rea	ItyLLC
ARTICLE II - Ad The mailing addres	ldress:	office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
8354 L	ittlewook.	clo Da O Enterpris
Kissim	inee, F/34747	<u>ilo Da O Enterpris</u> <u>68 Newlark Ave</u>
	,	Hartford, CT OldOG
	Florida street address of the register of the segment of the segme	rruiento. He wood
	KISSIMINEE FI	
mpany at the place designee to act in this capacity. ad complete performance o	tered agent and to accept service of pated in this certificate, I hereby acce I further agree to comply with the pr	process for the above stated limited liability of the appointment as registered agent and accept the obligations of my position accept the obligation acce

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager		Name and A	ddress:			
"MGRM" = Managing MGR	Member	Jo 8354	rge Sa V Lit 35 i Hine	y Mien Hewco	40 347	247
MG-RM	• • • • • • • • • • • • • • • • • • •	Lu7 West	Sarmi. Gene Harth	ento va Av	J 061	107-
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u La de Caracteria de Caracter	•			<u> </u>		:
	·					
(Use attachment if necessity)	essary)				 ·	1 -
NOTE: An additiona	l article must be	e added if an et	ffective date is	requested.		
REQUIRED SIGNAT	CURE:	111101	A).			_
Signature o	fa member or an a	uthorized repres	entative of a men	iber.	7,0	SE
of this docu	nce with section 608 iment constitutes an i ts stated herein are tr	affirmation under	tatutes, the execution the penalties of pe	ion rjury	14 JUN 28	CRETARY
	LUZ Syped or pr	inted name of sign	ONT ()	د ان	7	XPC PO

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)