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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

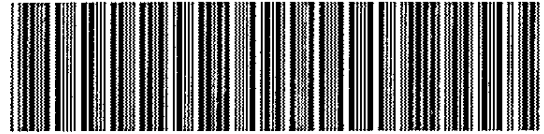
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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT -5 PM 2:54

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LEVINE DESANTIS, LLC

ATTORNEYS AT LAW

150 ESSEX STREET

SUITE 303

MILLBURN, NEW JERSEY 07041

TEL (973) 376-9050

FAX (973) 379-6898

VIA UPS OVERNIGHT MAIL

October 4, 2006

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Filing of the Articles of Organization for
73 Merchant Street, LLC

Dear Sir or Madam:

Enclosed please find the following documents necessary for the formation of 73 MERCHANT STREET, LLC:

1. Cover Letter;
2. Articles of Organization for a Florida Limited Liability Company;
3. Check in the amount of One Hundred Twenty-Five Dollars (\$125) made payable to the Florida Department of State.

Please remit the enclosed copy of same stamped "Filed," by facsimile, to the above listed number. Thank you for your prompt assistance with this matter.

If you have any questions concerning the enclosed please feel free to contact me at (973) 376-9050.

Sincerely,
LEVINE DESANTIS, LLC



JACOB B. SMITH

JBS/pp
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 73 MERCHANT STREET, 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:

AMERICO de JESUS COSTA
(Name of Person)

(Firm/Company)

18 UPPER WARREN WAY
(Address)

WARREN, NEW JERSEY 07059
(City/State and Zip Code)

For further information concerning this matter, please call:

JACOB B. SMITH at (973) 376-9050
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

73 MERCHANT STREET, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18 UPPER WARREN WAY
WARREN, NEW JERSEY 07059

18 UPPER WARREN WAY
WARREN, NEW JERSEY 07059

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI SERVICES, INC.
Name

2731 EXECUTIVE PARK DRIVE, SUITE 4
Florida street address (P.O. Box **NOT** acceptable)

WESTON, FLORIDA, FT. 33331
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 as provided for in Chapter 608, F.S.

Lisa Reeves, Assistant Secretary

by: Lisa Reeves, 9/20/06
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

AMERICO de JESUS COSTA

18 UPPER WARREN WAY

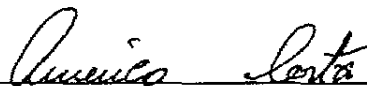
WARREN, NEW JERSEY 07059

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

AMERICO de JESUS COSTA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)