September 25, 2000

L00000012117

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

500003408726--5 -09/28/00--01107--005 ****160.00 ****160.00

Attached please find an Articles of Organization for Florida Limited Liability Company and check for \$160 (\$100 Filling Fee, \$25 Designation of Registered Agent, \$30 Certified Copy, \$5 Certificate of Status)

Should you have any question with respect to the foregoing, please do not hesitate to contact me, address mentioned below.

Very truly yours,

OO SEP 28 PH 4: 01
SECRETARY OF STATE
THE FORM

Pavel Tetour

Address: Pavel Tetour 11367 Lakeview Dr. Coral Springs, FL 33071

Phone (954) 684-0837

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CITY REALTY L.L.C.

ARTICLE II - Address:

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

801 Brickell Avenue Miami, FL 33131

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

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

Pavel Tetour		
Name 11367 Lakeview Dr.		
Florida street address	٠,	
City, State, and Zip	****	
place designated in this certificate, I hereby accept the appointment a ree to act in this capacity. I further agree to comply with the provision proper and complete performance of my duties, and I am familiar with f my position as registered agent as provided for in Chapter 608, F.S	ns of all and	
nent (Check box if applicable.)		
lity Company is to be managed by one manager or more managers an managed company.	ıd is,	
dditional article must be added if an effective date is requested.	FILED 00 SEP 28 PM	
	Name 11367 Lakeview Dr. Florida street address Coral Springs FL 33071 City, State, and Zip registered agent and to accept service of process for the above stated is place designated in this certificate, I hereby accept the appointment are to act in this capacity. I further agree to comply with the provision roper and complete performance of my duties, and I am familiar with f my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature nent (Check box if applicable.) ity Company is to be managed by one manager or more managers are managed company.	Name 11367 Lakeview Dr. Florida street address Coral Springs FL 33071 City, State, and Zip registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as ree to act in this capacity. I further agree to comply with the provisions of all roper and complete performance of my duties, and I am familiar with and fmy position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature nent (Check box if applicable.) ity Company is to be managed by one manager or more managers and is, managed company.

FILING FEES:

Typed or printed name of signee

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

Pavel Tetour

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)