

Division of Corporations

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : THOMAS M. CLARK, P.A.
Account Number : 072100000445
Phone : (954) 776-3800
Fax Number : (954) 776-3825

000001

LIMITED LIABILITY COMPANY

NORMANDY APARTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
NORMANDY APARTMENTS, LLC

ARTICLE ONE

The name of this limited liability company shall be NORMANDY APARTMENTS, LLC.

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be 1751 N.E. 31st Street, Pompano Beach, Florida 33062. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, Florida Lauderdale, Florida 33308.

ARTICLE FIVE

This limited liability company has at least two (2) members and the total amount of cash required to be contributed shall be \$100.00. There shall be no property other than cash contributed.

ARTICLE SIX

There shall be no additional contributions required to be made by the members.

ARTICLE SEVEN

There shall be no additional members of this limited liability company, except as provided by Amendment to these Articles of Organization.

ARTICLE EIGHT

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

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ARTICLE NINE

This limited liability company shall not be managed by a manager or managers, but shall be operated by the members of the limited liability company. The names and addresses of the members of this limited liability company are as follows:

CONSTANTIN ARDELEAN
8445 Springtree Drive
Sunrise, FL 33351

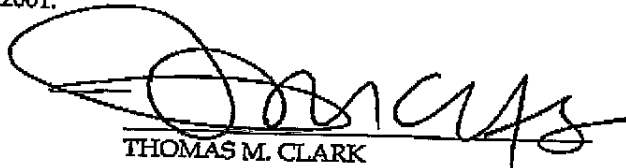
and

SORIN ARDELEAN
8445 Springtree Drive
Sunrise, FL 33351

ARTICLE TEN

CONSTANTIN ARDELEAN shall own fifty-one (51%) percent interest in this limited liability company and SORIN ARDELEAN shall own forty-nine (49%) percent interest in this limited liability company. CONSTANTIN ARDELEAN shall contribute fifty-one percent (51%) of the cash contribution set forth hereinabove and SORIN ARDELEAN shall contribute forty-nine percent (49%) of the cash contribution set forth hereinabove.

IN WITNESS WHEREOF, the undersigned Authorized Agent has executed these Articles of Organization on the 8 day of March, 2001.


THOMAS M. CLARK

STATE OF FLORIDA}

COUNTY OF BROWARD}

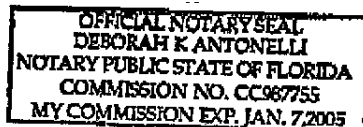
BEFORE ME, personally appeared THOMAS M. CLARK, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 8 day of March, 2001.


NOTARY PUBLIC

My Commission Expires:

(Notarial Seal)



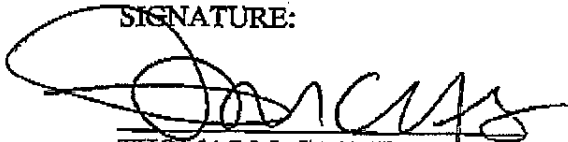
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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT NORMANDY APARTMENTS, LLC, DESIRING TO ORGANIZE OR
QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL
PLACE OF BUSINESS AT THE CITY OF POMPANO BEACH, STATE OF FLORIDA, HAS
NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, SUITE 820,
FORT LAUDERDALE, FLORIDA, 33308, AS ITS AGENT TO ACCEPT SERVICE OF
PROCESS WITHIN FLORIDA.

SIGNATURE:



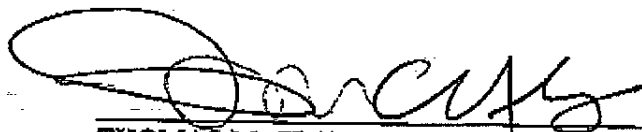
THOMAS M. CLARK

TITLE: AUTHORIZED AGENT

DATE: MARCH 8, 2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE



THOMAS M. CLARK, REGISTERED AGENT

DATE: MARCH 8, 2001