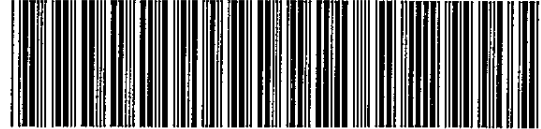


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FLORIDA STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Condo Connect 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:

Richard DiMarzio
(Name of Person)

MIAMI CONDO CONNECT
(Firm/Company)

3370 190th Street, Suite 1712
(Address)

Aventura FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard DiMarzio at (305) 466.0312
(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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Miami Condo Connect, LLC**

ARTICLE II - Address:

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

Principal Office Address:

3370 190th Street, Suite 1712

Aventura FL, 33180

Mailing Address:

3370 190th Street, Suite 1712

Aventura FL, 33180

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

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

Richard DiMarzio

Name

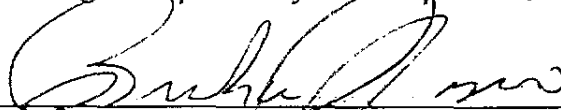
3370 NE 190th Suite 1712

Florida street address (P.O. Box NOT acceptable)

Aventura, FL, 33180

City, State, and Zip

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..



Registered Agent's Signature

Richard DiMarzio

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

The name and address of each Manager or Managing Member is as follows; **FLORIDA**

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

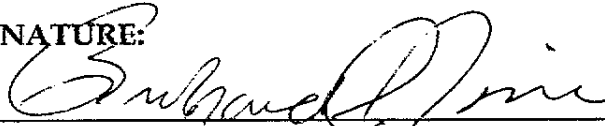
Richard DiMarzio
3370 190th Suite 1712
Aventura, Fl. 33180

MGRM

Nicolas Kritzier
3370 190th Suite 1404
Aventura, Fl. 33180

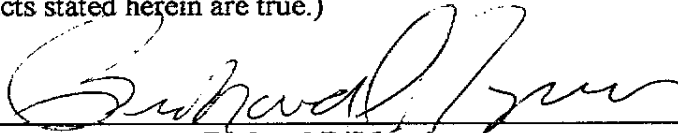
NOTE: An additional article must be added if an effective date is requested.

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.)



Richard DiMarzio