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DIVISION OF CERPCHATIONS

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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: AGATHA - CHRISTY REALTY, LLC. (Name of Limited Liability Company)		
	(Name of Emilieu Liability Company)		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	ANTHONY D. CASERTA (Name of Person)		
	(Name of Person)		
(Firm/Company)			
	2073 N.W. 208 TERR. (Address)		
	(Address)		
	PEMBROKE PINES, FLORIDA 33029		
	(City/State and Zip Code)		
For fur	ther information concerning this matter, please call:		
Ax	(Name of Person)  CASERTA at (954) 540-3284  (Area Code & Daytime Telephone Number)		
	(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<b>3:</b>
AGATHA-CH	RISTY REALTY, LLC
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2073 N.W. 208 TERR.	(SAME)
PEMBROKE PINES, FL. 3300	29
ARTICLE III - Registered Agent, Registere	
The name and the Florida street address of the	registered agent are:
The name and the Florida street address of the  ANTHONY  Name	registered agent are:  ( ) . CASERTA
The name and the Florida street address of the  ANTHONY  Name  2073 N.W	registered agent are:  \[ \int \text{D} \cdot \text{CASERTA} \]  \[ \text{e} \]
The name and the Florida street address of the  ANTHONY  Name  2073 N.W	registered agent are:  ( ) . CASERTA
The name and the Florida street address of the  ANTHONY  Name  2073 N.W  Florida street address (P	registered agent are:  ( ) . CASERTA  e . 208 TERR.  (O. Box NOT acceptable)  (ES FLORIDA 33029
The name and the Florida street address of the  ANTHONY  Name  2073 N.W  Florida street address (P  PemBROKE PIN  City, State,  wing been named as registered agent and to accept seen pany at the place designated in this certificate, I here	registered agent are:  (D. CASERTA  e  208 TERR.  20. Box NOT acceptable)  (ES FLORIDA 33029  , and Zip  ervice of process for the above stated limite Liability reby accept the appointment as registered agent and
The name and the Florida street address of the  ANTHONY  Name  2073 N.W  Florida street address (P  PenBROKE PIN  City, State  ving been named as registered agent and to accept see  inpany at the place designated in this certificate, I here  we to act in this capacity. I further agree to comply we	registered agent are:  \[ \int \cdot CASERTA \\ \( \text{e} \) \[ \cdot
The name and the Florida street address of the  ANTHONY  Name  2073 N.W  Florida street address (P  Pembroke Pin  City, State  wing been named as registered agent and to accept see  inpany at the place designated in this certificate, I her  we to act in this capacity. I further agree to comply we  discomplete performance of my duties, and I am familia	registered agent are:  \[ \int \cdot \cdot CASERTA \\ \cdot
The name and the Florida street address of the  ANTHONY  Name  2073 N.W  Florida street address (P  PenBROKE PIN  City, State  ving been named as registered agent and to accept see  inpany at the place designated in this certificate, I here  we to act in this capacity. I further agree to comply we	registered agent are:  \[ \int \cdot \cdot CASERTA \\ \cdot

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF SIALEDIVISION OF CORPORATION

Typed or printed name of signee