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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number: I20000000088

: (800)221-0102

Fax Number

: (212)564-6083

# LIMITED LIABILITY COMPANY

#### TIARA REALTY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR

2004 11AY 18 A 11: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is: TIARA REALTY LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 375 E. MALLORY CIRCLE 375 E. MALLORY CIRCLE DELRAY BEACH DELRAY BEACH

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

TODD C. ALEA

Name

375 E. MALLORY CIRCLE

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

DELRAY BEACH FLORIDA

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, Florida Statutes.

TODD C. ALEA

Print Name (& Title, if applicable)

Page 1 of 2 (CONTINUED)

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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:

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Title: "MGR" = Manager	Name and Address:	2004 HAY 1	8 A II: 26
"MGRM" - Managing Member  MGRM	TODD C. AL	10 1 2 3 3 5 1 7 1 1	RY OF STATE SEE. FLORIDA
	376 E. MALLORY		
	DELRAY BEACH	FL 33483	•
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(Use attachment if necessary)			•
NOTE: An additional article must be	added if an effective date is	requested.	
REQUIRED SIGNATURE:	The District of the State of th	manahar.	
(In accordance with section of this document constitution that the facts stated herei	on 608.408(3), Florida Statutes, th	e execution	
	TODD C. ALEA		_

Filing Fees:

5100.00 Filing Fee for Articles of Organization 5 25.00 Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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Typed or printed name of signee