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2004 MAY 20 P 2:17

SECRETARY OF STATE  
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(Requestor's Name)

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(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: MIAMI DEVELOPMENT GROUP LLC 2004 MAY 20 P 2:17  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIL TEREM  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2301 COLLINS AVE. # 1202  
(Address)

MIAMI BEACH FL. 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

GIL TEREM at (305) 8045793  
(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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI DEVELOPMENT GROUP 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:

2301 COLLINS AVE. #1202  
MIAMI BEACH FL  
33139

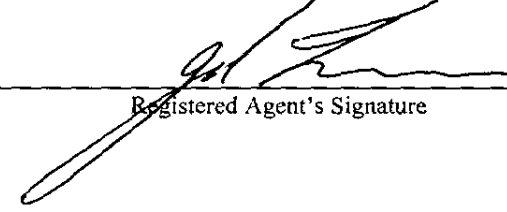
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

GIL TEREM  
Name  
2301 COLLINS AVE #1202  
Florida street address (P.O. Box NOT acceptable)  
MIAMI BEACH FLORIDA 33139  
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..*

  
Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

GIL TEREM  
2301 COLLINES AVE 1202  
MIAMI BEACH FL 33139

MGRM

NIR COHEN  
3525 WOODWARD ST.  
OCEAN SIDE NY 11572

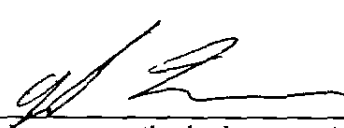
MGRM

07 AVRAHAM  
95 DAYER CT.  
NORWOOD N.J. 07648

(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 that the facts stated herein are true.)

GIL TEREM  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)