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2004 AUG 11 PM 1:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003
JUL 13 2004
AUG 13 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIDUCIARY & TRUST OF NEW YORK L.L.C
(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:

ALEXANDRA BOURJAC
(Name of Person)

XMG GROUP
(Firm/Company)

4240 GALT OCEAN DRIVE SUITE 1404
(Address)

FT LAUDERDALE, FLORIDA 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA BOURJAC at (954) 548-7482
(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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIDUCIARY & TRUST OF NEW YORK L.L.C

ARTICLE II - Address:

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

Principal Office Address:

4240 GALT OCEAN DRIVE

SUITE 1404 FT LAUDERDALE

FLORIDA, 33308

Mailing Address:

4240 GALT OCEAN DRIVE

SUITE 1404 FT LAUDERDALE

FLORIDA, 33308

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

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

RON RYAN

Name

4240 GALT OCEAN DRIVE

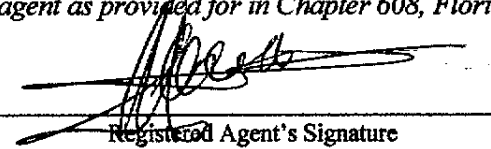
Florida street address (P.O. Box **NOT** acceptable)

FT LAUDERDALE 33308

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..



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:

MGR

ALEXANDRA BOURJAC

3706 N.OCEAN BLVD

FT LAUDERDALE, FLORIDA 33308

MGR

RON RYAN

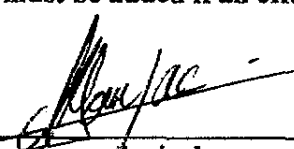
3706 N.OCEAN BLVD

FT LAUDERDALE FLORIDA, 33308

(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.)

ALEXANDRA BOURJAC

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)

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