

BLUMBERGEXCELSIOR Fax: 888-692-9256 Jan 21 2005 14:06
Division of Corporations Page 1 of 1
W05000008023

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

RECEIVED
05 JAN 25 PM 3:30
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
C REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2005 JAN 25 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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carol MONTALVO
c/ BlumbergExcelsior
62 White ST. NEW York, NY 10013

W05-8023
OK

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

C REALTY LLC**ARTICLE II - Address:**

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

Principal Office Address:10582 VERSAILLES BLVDWELLINGTON, FL 33467**Mailing Address:**10582 VERSAILLES BLVDWELLINGTON, FL 33467**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

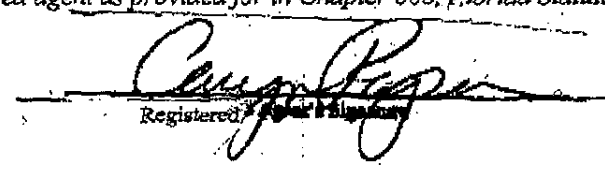
CARYN PAPA

Name

10582 VERSAILLES BLVDFlorida street address (P.O. Box **NOT** acceptable)WELLINGTONFLORIDA 33467

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

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TALLAHASSEE, FLORIDA

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:

MGRM

CARYN PAPA

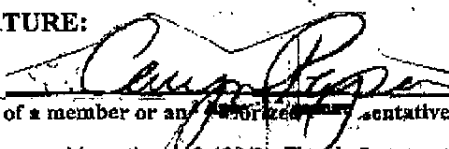
10582 VERSAILLES BLVD

WELLINGTON, FL 33467

(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 308.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARYN PAPA

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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