

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

ulcinj sobe, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

EFFECTIVE DATE
2/16/05

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8

ULCINJ SOBE, LLC
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX:

ARTICLE I - Name:

The name of the Limited Liability Company is:

ULCINJ SOBE, 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:

ULCINJ SOBE, LLC

799 CRANDON BLVD., Suite 706

KEY BISCAVNE, FL 33149

ULCINJ SOBE, LLC

799 CRANDON BLVD., Suite 706

KEY BISCAVNE, FL 33149

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

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

PETER D. MEGLER

Name

799 CRANDON BLVD. # 706

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

KEY BISCAVNE

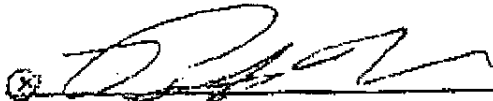
FL 33149

City, State, and Zip

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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, F.S..



Registered Agent's Signature

(CONTINUED)

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EFFECTIVE DATE

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ULCINJ SOBE, LLC

ATX1

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>PETER D. MEGLER</u>
	<u>700 CRANDON BLVD. #706</u>
	<u>KEY BISCAYNE, FL 33149</u>

(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.)

PETER D. MEGLER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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* EFFECTIVE DATE: Feb. 16, 2005

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