

LOS0000 2375 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000058282 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0389

From:

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

RECEIVED
05 MAR -9 AM 7:56
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Cap d' Antibes 1404 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2005 MAR -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cap d' Antibes 1404 LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o John Vento
155 Bay Ridge Avenue
Brooklyn, NY 11220

Mailing Address:

c/o John Vento
155 Bay Ridge Avenue
Brooklyn, NY 11220

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

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

Fred Cacace

Name

Saint Raphael, Suite 1207, 7117 Pelican Bay Boulevard

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

Naples, FL 34108

FL

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, F.S.

Fred Cacace

Registered Agent's Signature

(CONTINUED)

Justin T. Reed
BlumbergExcelsior
62 White Street
New York, NY 10013

Page 1 of 2

H05000058282 3

2005 MAR -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H05000058282 3

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

John Vento

155 Bay Ridge Avenue

Brooklyn, NY 11220

MGR

Doreen Vento

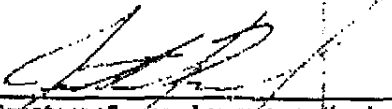
155 Bay Ridge Avenue

Brooklyn, NY 11220

(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.)

JUSTIN T. REED

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAR -9 AM 8:35

FILED