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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
```

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05 MAR -9 AM 7:54
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Cap d' Antibes 1404 LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:	**Mailing Address:**
c/o John Vento	c/o John Vento
155 Bay Ridge Avenue	155 Bay Ridge Avenue
Brooklyn, NY 11220	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

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TALLAHASSEE, FLORIDA

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

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:

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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 signee

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)

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