

W05000046076

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 MAY -9 PM12:49
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

YSSY Partners L.L.C.

2005 MAY -9 AM10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/9/2005

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

YSSY Partners 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:P.O. BOX 8284NEW YORK NY 10150**Mailing Address:**P.O. BOX 8284NEW YORK NY 10150**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BLUMBERGEXCELSIOR CORPORATE SERV INC.

Name

4435 OLD WINTER GARDEN RDFlorida street address (P.O. Box NOT acceptable)ORLANDOFLORIDA 32811

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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FLORIDA

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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****SEYMOUR FLUG****P.O. BOX 8284****NEW YORK NY 10150****MGR****YULIYA GOLDENBERG****P.O. BOX 8284****NEW YORK NY 10150**

(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.)

SEYMOUR FLUG, MEMBER

Typed or printed name of signer

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)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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