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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Mona Lisa Realty FL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Mona Lisa Realty FL, LLC**

ARTICLE II - Address

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

Principal Office Address:1530 Euston DriveReunion, FL 34747Mailing Address:900 Pondview CourtCelebration, FL 34747

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

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

William Haberman

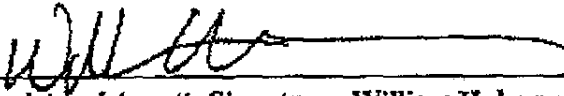
Name

900 Pondview Court(P.O. Box or Mail Drop Box NOT Acceptable)Celebration, FL 34747

(City / State / 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 - William Haberman

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:MGRMSteven Semkowicz- 4 Greenview, Middlefield, CT06455MGRMNoreene Carlson- 85 Laurel Brook Road, Middlefield, CT 06455MGRMSusan Lynch- 85 Harrison Avenue, New Canaan, CT 06840MGRMWilliam Haberman- 900 Pondview Court, Celebration, FL 34747

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or 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.)

Steven Semkowicz

Typed or printed name of signee

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