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To:

09/15/2005

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

1 (850)878-5926

LIMITED LIABILITY COMPANY

The Florida Retail Land Bank LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES
COMMISSION

JEB BUSH GOVERNOR

TOM GALLAGHER CHIEF FINANCIAL OFFICER

CHARLES CRIST ATTORNEY GENERAL

September 13, 2005

Michael Basile, Esquire Stroock & Stroock & Lavan, LLP 200 S. Biscayne Blvd., #3160 Miami, Florida 33131

Dear Mr. Basile:

DON B. SAXON

COMMISSIONER

Re: The Florida Retail Land Bank LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Linda B. Charity

Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	5 *	
THE FLORIDA RETAIL LAND BANK L	rc	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	my is:
Principal Office Address:	Mailing Address:	
1400 N.W. 107th Avenue, 4th Floor	1400 N.W. 107th Avenue, 4th Floor	
Miami, Florida 33172	Miami, Florida 33172	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:	TAIL AND FOR
The name and the Florida street address of the	e registered agent are:	100 A
Joel Levy		EQ.
Nam	ne.	52
1400 N.W. 107th aver	me, 4th Floor	88

Having been named as registered agent and to accept service of process for the above stated limited itability 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 at registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

Miami, Florida 33172

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

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Michael M. Adler MGR. 1400 NW 107 Avenue, 4th Ploor Miami Ft. 33172 (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.) Michael M. Adler
Typed or printed name of signer Filing Fees. \$125.00 Filing Fee for Articles of Organization and Designation. of Registered Agent

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

Page 2 of 2

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)