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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE TALL AHASSEE, FLORING

J'ELMARE SEL 3 1 MINIS

COVER LETTER

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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:
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The name of the Limited Liability Company is:

PUPA VIOA REAL ESTATE II LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2 S. Biscayne Blud, 21st Floor	- 8918 AbboH Avene
Migmi FL 33/3/	Surfside FL 33154

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

8918 Abott Avenue

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

Sufficient FL 33154

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SLCRFTARY OF STATE TALL AHASSEE. FLORING

ARTICLE IV- Manager(s) or Managing Member

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	D 101.	
MGRM	Brent A Levison	ine e
100 C A A	Surfiside FL 3315	7
MGRM	Zucker Inc.	Road
_	Teaneck NJ 0766	6
MGRM	Offy Shifman	/
	migni Beach FL 33	14/
		. <u></u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	the date of filing:	ΓΙΟΝΑL)
	t be specific and cannot be more than five busine	•
to or 90 days after the date of hing.)		TAL
REQUIRED SIGNATURE:		AH.
R	260 Z	ÄHÄSSEE

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.)

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)