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2005 OCT 10 A 9:40

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Florida Properties, L.L.C.

RECEIVED
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DIVISION OF CORPORATION

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **FLORIDA PROPERTIES, LLC.** 240

ARTICLE II - Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address:

Mailing Address:

168-50 112th Collins Avenue, Suite #309

168-50 112th Collins Avenue, Suite #309

Sunny Isles, FL 33160

Sunny Isles, FL 33160

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

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

Joseph Magenst

Name

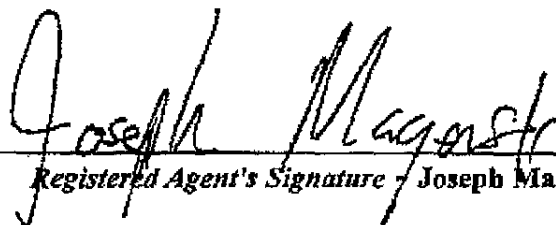
168-50 112th Collins Avenue, Suite #309

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Sunny Isles, FL 33160

(City / State / 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 - Joseph Magenst

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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:

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Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

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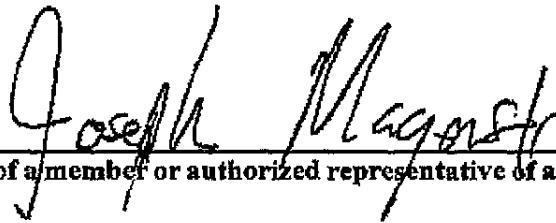
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MGRM

Joseph Magenst- 168-50 112th Collins Avenue, Suite #309, Sunny Isles, FL 33160
TALLAHASSEE, FLORIDA

(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.)

Joseph Magenst

Typed or printed name of signee

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