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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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**PLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**UNITED REAL ESTATE GROUP, L.L.C.**

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ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
UNITED REAL ESTATE GROUP, L.L.C.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
ARTICLE VI- MANAGEMENT: THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY ONE MANAGER  
OR MORE MANAGERS AND IS, THEREFORE, A MANAGER MANAGED COMPANY.

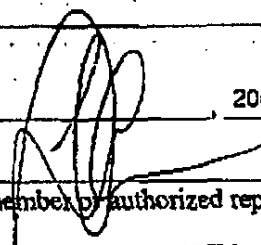
ARTICLE VII- MANAGERS: THE MANAGER OF THE LIMITED LIABILITY COMPANY IS: SARITA KEATS, 237 ALCAZAR AVENUE, CORAL GABLES, FL 33134

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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Dated: JUNE 22, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
THOMAS G. SHERMAN, ESQ., ATTORNEY FOR MANAGER  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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H07000147266

**ARTICLES OF ORGANIZATION FOR  
UNITED REAL ESTATE GROUP, L.L.C.  
A Florida Limited Liability Company**

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**UNITED REAL ESTATE GROUP, L.L.C.**

**ARTICLE II- Address:**

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

**237 Alcazar Avenue  
Coral Gables, Florida 33134**

**ARTICLE -III-**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**THOMAS G. SHERMAN, ESQ., P.A.  
90 ALMERIA AVENUE  
CORAL GABLES, FLORIDA 33134**

**ARTICLE IV  
PURPOSE**

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

**ARTICLE V  
VOTING**

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

**ARTICLE VI-**

**Management (Check box if applicable)**

       The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  X   The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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ARTICLE VII  
MANAGING-MEMBERS

The Managing-Member of the Limited Liability Company is:

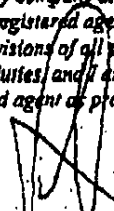
- 1.) SARITA KEATS  
237 Alcazar Avenue  
Coral Gables, Florida 33134



Print Name: THOMAS G. SHERMAN, ESQ. P.A.  
Authorized Representative of a Manager

(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.)

*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.*



THOMAS G. SHERMAN, ESQ. P.A.  
REGISTERED AGENT'S SIGNATURE

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TALLAHASSEE, FLORIDA

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