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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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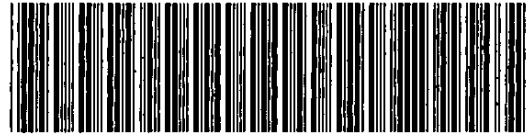
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mount Sinai Real Estate of Florida LLC, a Florida Limited Liability Company  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:  
Barry M. Sickles, Esq

\_\_\_\_\_  
(Name of Person)  
Law Office of Barry M. Sickles,  
\_\_\_\_\_  
(Firm/Company)  
3300 University Drive, Suite 712  
\_\_\_\_\_  
(Address)  
Coral Springs, Florida 33065  
\_\_\_\_\_  
(City/State and Zip Code)

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For further information concerning this matter, please call:  
Barry M. Sickles, Esq at (954) 255 7360

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mount Sinai Real Estate of Florida LLC, a Florida Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:  
601 North State Road 7  
Plantation, Florida 33317

Mailing Address:  
601 North State Road 7  
Plantation, Florida 33317

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

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

Barry M. Sickles, Esq  
3300 University Drive, Suite 210  
Coral Springs, Florida 33065

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, Florida Statutes..

  
\_\_\_\_\_  
Registered Agent's Signature

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(CONTINUED)

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:

\_\_\_\_\_ MGRM \_\_\_\_\_

Larry Karnick  
601 North State Road 7  
Plantation, Florida 33317

\_\_\_\_\_ MGRM \_\_\_\_\_

Gadi Ben Hamo  
601 North State Road 7  
Plantation, Florida 33317

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Larry Karnick

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.)

BY: Larry Karnick

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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