

208000004430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

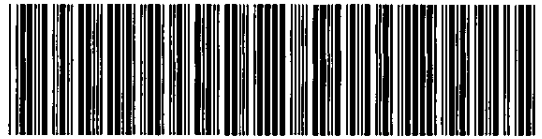
Special Instructions to Filing Officer:

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JAN 14 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 11 P 2:40

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City Living, LLC
(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:

Nicky Ramphir
(Name of Person)

(Firm/Company)

27 Montrose Ave
(Address)

Brooklyn, NY 11206
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicky Ramphir at (**347**) **689-2736**
(Name of Person) (Area Code & Daytime Telephone Number)

2009 JAN 11 P 2:41
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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 - Name:

The name of the Limited Liability Company is:

City Living, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4941 Lake Daisy Rd
Winter Haven, FL 33884

27 Montrose Ave
Brooklyn, NY 11206

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:

Nicky Ramphir
Name

4941 Lake Daisy Rd
Florida street address (P.O. Box **NOT** acceptable)

Winter Haven, FL 33884
City, State, and Zip

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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.

Nicky Ramphir
Registered Agent's Signature (REQUIRED)

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

Archana K. Hardat

27 Montrose Ave

Brooklyn, NY 11206

MGR

Nicky Ramphir

27 Montrose Ave

Brooklyn, NY 11206

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TALLAHASSEE, FLORIDA

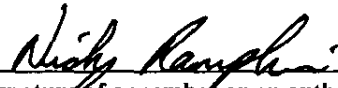
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/09/2008 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Nicky Ramphir

Typed or printed name of signee