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COVER LETTER

TO:	Registration Division of C					
SUBJE	ст:	MIAMI	LUXURY	RETAIL	LLC	<u>, </u>
		(1	Name of Limited Li	ability Company)		
The en	closed Articles	of Organization	and fee(s) are subm	sitted for filing.		
Please	return all corres	spondence conce	erning this matter to	the following:		
	h	ARREN Z	JAY STAMA	1, ESQ.		
			(Nam	e of Person)		
			(Firm	n/Company)		
	180	on COLL	INS AVEN	Address)	OOR	
						,
	Sur	UNV 151	ES BEACH	+ FL 33	3160	
			(City/Stai	e and Zip Code)		
For fur	ther information	n concerning thi	s matter, please call	:		
h	ARREN	MY STA	ЧН at (35 9	スァー	100:0
	(Nan	ne of Person)	ar ((Area Code & Da	ytime Tele	phone Number)
Enclos	ed is a check	for the following	ng amount:			
			Filing Fee & See of Status	S155.00 Filing Fee Certified Copy (additional copy is end		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Ad Registration Division of P.O. Box 60 Tallahassee	Section Corporations 327	Street/Courier Registration Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	ction rporations g e Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
	RETAIL LLC	<u></u>
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	•
Surry Feles Beach FL 33160	Same as Anneipal Ot	file
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerus) business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	E8 8
Warrer Joy Strame	arum, Est.	ALTA SETAN
1800 Collins Av Florida street add	ress (P.O. Box NOT acceptable)	MII: 08
Surry Feles Beach City, State, a	- FL 33160	OR O

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..

(egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHAEL DEZERTZOV 18001 CULLING AVENUE, 315T FLOOR SUNNY ISLES BEACH FL 33160
<u>ubr</u>	NEONI DEZERTZON 18001 POLLING AVENUE 315 FLOOR SUNNV 15LES BRACH FL 33160
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: July 11, 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.)

Uzzentzov
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)