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EXAMINER

CORPPIRECT AGE 515 KAŜT PARK AV TALLAHASSEE, FL 222-1173	NTS, INC. (for ENUE 32301	merly CCRS)	
FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	MICHELE	HOLDEN	OB MON IL PH 1: 03
DATE:	11/14/08		THE THE
REF. #:	000173.9553	<u>.</u>	\$2. 2
CORP. NAME:	LAKEVIEV	V GROUP I, LLC	On Paris
() ARTICLES OF INCO	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFI	CATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF (CANCELLATION		
		TH CHECK# <u>528253</u> CCOUNT IF TO BE DEBITE	
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(xx) CERTIFIED COI		() CERTIFICATE OF GOOD STAN	DING () PLAIN STAMPED COPY

Examiner's Initials

TY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakeview Group I, 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:

1521 Alton Road, #849

Mismi Beach, Florida 33139

1521 Alton Road, #849 Miami Beach, Florida 33139

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston, FL 33331

City, State, and 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 (REQUIRED)

Jose Castellanos, Asst. Secretary

(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:

MGR	Evan Greenberg	
	141 Wyckoff Place, #3C	
	Woodmere, New York 11598	

	+	
	-	
(Use attachment if necessary)		
T TP No. 1700anilara dana di antana alam al	ne date of filing:	(OPTION)

REOUIRED 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.)

Nicole Chouinard - authorized representative

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)