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20 NOV 16 #811: 44

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: MYT Properties 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:				
- Yvorro Thomas				
Name of Person				
Firm/Company				
55172 Thomas Road				
Address				
Callahan, FL 32011 City/State and Zip Code				
Muraallyanna I harris Orannast rel				
Myron Vonne Homy SO Corkast, ret Elmail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
York Thomas at (904) 612-5108 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee Certificate of Status & Certificate Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	20 Nov.	96.
The name of the Limited Liability Company is:	LUNUY 15	Paris.
MYT Properties LLC	20 NOV 15	' MII: 46
(Must contain 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:
55172 Thomas Road Callahan, FL 32011	Same

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:

YVOUR Thomas				
56177	Name Thanks	Road		
55172 Thomas Koad Florida street address (P.O. Box NOT acceptable)				
Callaha	u) FL	32011		
City	State	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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE VI: Other provisions, if any,

REOUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

This document dexecuted in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signed

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)