

L95000000567

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

285.00 F.F.
 52.50 C.C.
 337.50

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUL 25 PM 3:24

W95-14897

AL 7/25/95

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____
 BY NLC CK No. _____

WALK-IN 7/25 12:00
 Will Pick Up

RE: Sib Commercial Realty, L.C.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Certified Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -	800001545848	
<input type="checkbox"/> Fictitious Name File	-07/25/95-01030-006	
	****122.50****122.50	
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Restatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kill	100001547084	
<input type="checkbox"/> Vehicle Search	-07/27/95-01005-010	
<input type="checkbox"/> Driving Record	****215.00****215.00	
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE

July 25, 1995

Sandra B. Mortham
Secretary of State

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: SILA COMMERCIAL REALTY, L.C.
Ref. Number: W95000014897

We have received your document for SILA COMMERCIAL REALTY, L.C. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 995A00035276

[Handwritten signature]

ARTICLES OF ORGANIZATION
OF
SILA COMMERCIAL REALTY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 PM 3:24

ARTICLE I

The name of the limited liability company formed hereby is SILA COMMERCIAL REALTY, L.C.

ARTICLE II

The duration of the SILA COMMERCIAL REALTY, L.C. shall be until December 31, 2024, unless sooner dissolved.

ARTICLE III

The mailing address and street address of SILA COMMERCIAL REALTY, L.C. is:

Carlos S. Sila
5757 Collins Avenue
Apt. 1701
Miami Beach, Florida 33140

ARTICLE IV

The Registered Agent of SILA COMMERCIAL REALTY, L.C. and his address in the State of Florida is:

Carlos S. Sila
5757 Collins Avenue
Apt. 1701
Miami Beach, Florida 33140

ARTICLE V

The Members may admit additional Members with the approval of the Managing Member and of a majority of the Members, on such terms and conditions as may be approved by the Managing Member, a majority of the Members and the additional Member to be admitted.

ARTICLE VI

The remaining Members of SILA COMMERCIAL REALTY, L.C. have the right to continue the business of SILA COMMERCIAL REALTY, L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in SILA COMMERCIAL REALTY, L.C.

ARTICLE VII

SILA COMMERCIAL REALTY, L.C. is to be managed by a Managing Member. The initial Managing Member to serve until his successor is elected and qualified is :

Carlos S. Sila
5757 Collins Avenue
Apt. 17701
Miami Beach, Florida 33140



Carlos S. Sila, Managing Member

CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 PM 3:24

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company SILA COMMERCIAL REALTY, L.C.
2. The name and address of the Registered Agent and office is:

Carlos S. Sila
5757 Collins Avenue
Apt. 1701
Miami Beach, Florida 33140


Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



Carlos S. Sila, Registered Agent

Date: JULY 7, 1995

SILA COMMERCIAL REALTY, L.C.

By 

Carlos S. Sila, Managing Member

AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 PM 3:24

STATE OF FLORIDA

COUNTY OF DADE

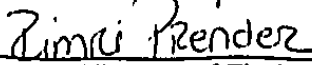
The undersigned, Carlos S. Sila, Managing Member of SILA COMMERCIAL REALTY,
L.C. deposes and says:

1. The above-named limited liability company has at least two Members.
2. The total amount of cash contributed by the Members is \$190,000.
3. The agreed value of property other than cash contributed by members is \$-0-.
4. The total amount of cash anticipated to be contributed by Members in the future
is \$-0-.



Carlos S. Sila, Managing Member

SWORN TO AND SUBSCRIBED BEFORE ME, this 7 day of July, 1995.



Notary Public, State of Florida

CC# 348471
Exp. 2-15-98

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY
ANN...
1996

FLORIDA DEPARTMENT OF STATE
Gandhi Memorial
VISITORS OF CORPORATIONS

FILED

96 FEB 26 PM 3:37

FILING FEE
\$ 238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000567

SILA COMMERCIAL REALTY, L.C.
5757 COLLINS AVE., APT. 1701
MIAMI BEACH FL 33140

1a. Principal Place of Business Address
5757 COLLINS AVE., APT. 1701
MIAMI BEACH FL 33140

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address	
NAME JAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/25/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0598700	
5. Date of Last Report	6. Certificate of Status Desired
	<input type="checkbox"/> Additions & Exp. Required

7. Name and Address of Current Registered Agent

SILA, CARLOS S
5757 COLLINS AVE., APT. 1701
MIAMI BEACH FL 33140

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (R011) (Any stated Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SILA, CARLOS S	5757 COLLINS AVE., APT. 17	MIAMI BEACH FL
MGR	ADRIANI, GRAZIA T.	5757 COLLINS AVE. APT 1701	MIAMI BEACH, FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Adriani GRAZIA T ADRIANI 2/22/96 (305) 861-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #