



L01000013642

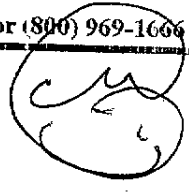
236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

8/15/01



CERTIFIED COPY

CUS

CS

PHOTO COPY

FILING

Handwritten initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 AUG 15 PM 12:44

APPROVED
AND
FILED

1.) Concorde 8642 LLC
(CORPORATE NAME & DOCUMENT #)

600004536386

-08/15/01--01017--017

****160.00 ****160.00

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 15 PM 2:26
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SPECIAL INSTRUCTIONS

Handwritten signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONCORDE 8642, L.L.C.

ARTICLE II - Address:

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

**1390 s. Dixie Highway, Suite 2207
Coral Gables, FL 33146**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Thomas P. McNamara

Name

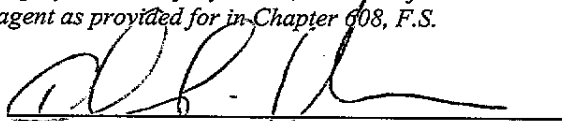
2909 Bay to Bay Blvd., Suite 309

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

Tampa, FL 33629

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

ARTICLE IV - Management (Check box if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Mitchell Mandel

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

01 AUG 15 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED