

L03000031372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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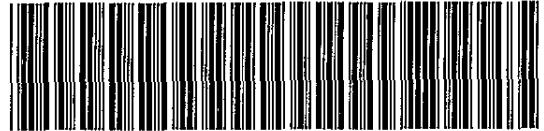
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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STATE
TALLAHASSEE, FLORIDA

BKC



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : ~~211268~~ 4319903

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 125.00

03 AUG 21 PM 2:37
FILED
TALLAHASSEE, FLORIDA

ORDER DATE : August 19, 2003

ORDER TIME : 10:27 AM

ORDER NO. : 211268-010

CUSTOMER NO: 4319903

CUSTOMER: Ms. Tiffany M. Brown
Buchanan Ingersoll, P.c.

Floor 14th, 11 Penn Center
1835 Market Street
Philadelphia, PA 19103

DOMESTIC FILING

NAME: 150 MIAMI ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

150 Miami Associates, LLC

ARTICLE II - Address:

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

1411 Walnut Street, 3rd Floor, Philadelphia, PA 19102

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company

By: Cynthia L. Harris

Registered Agent's Signature

Cynthia L. Harris
as its agent

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

Barbara Smith
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.)

Barbara Smith, Authorized Representative

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)

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