

Nov 20: 2003 12:34 PM

No. 7479 Page 1 of 1

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**LIMITED LIABILITY COMPANY**

**ALLIED AT 350 LAS OLAS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
ALLIED AT 350 LAS OLAS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — NAME**

The name of the Limited Liability Company shall be ALLIED AT 350 LAS OLAS, LLC ("Company").

**ARTICLE II — ADDRESS**

The mailing address and street address of the principal office of the Company shall be 6400 North Andrews Avenue, Suite 230, Fort Lauderdale, FL 33309.

**ARTICLE III — REGISTERED OFFICE AND AGENT**

The name and the Florida street address of the registered agent is Philip C. Rosen, 8551 W. Sunrise Blvd., Suite 208, Ft. Lauderdale, FL 33322.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an Authorized Representative of a member and acknowledged them to be my act this 18<sup>th</sup> day of November, 2003.

  
\_\_\_\_\_  
PHILIP C. ROSEN, Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ARTICLE IV — INITIAL MEMBER**

The initial member of the Company is:

Title: Managing Member  
MICHAEL LASSNER  
3610 YACHT CLUB DRIVE #1002  
AVENTURA, FL 33180

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**ALLIED AT 350 LAS OLAS, LLC**

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
PHILIP C. ROSEN  
Registered Agent

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((H03000321598 3)))

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to and subscribed before me this 18<sup>th</sup> day of November, 2003, by PHILIP C. ROSEN, who is personally known to me or has provided his Florida driver's license as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

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Page 3 of 3