

L04 00009 0886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

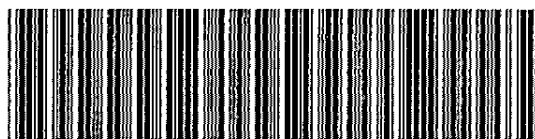
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
12/15/04

FILED RECEIVED
04 DEC 16 AM 10:19 04 DEC 16 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
STATE OF FLORIDA



CORPORATION SERVICE COMPANY

EFFECTIVE DATE
12/15/04

ACCOUNT NO. : 072100000032
REFERENCE : 087799 10463A
AUTHORIZATION : *Patricia Pijoto*
COST LIMIT : \$ 155.00

04 DEC 16 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ORDER DATE : December 15, 2004
ORDER TIME : 8:41 AM
ORDER NO. : 087799-005
CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: 420 ASSOCIATES, LLC

EFFECTIVE DATE: DECEMBER 15, 2004

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

Dec-15-04 04:05pm
FROM: COHEN NORRIS SCHERER

From-COHEN NORRIS SCHERER
FROM: COHEN NORRIS SCHERER

561-842-4104
561-842-4104

T-610 P.03/05 F-722
T-606 P.02/04 F-714

**ARTICLES OF ORGANIZATION OF
420 ASSOCIATES, LLC**

EFFECTIVE DATE

12/15/04

SECRETARY OF STATE
FLORIDA

04 DEC 16 AM 10:19

FILED

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I - Name:

The name of this limited liability company is 420 ASSOCIATES, LLC.

ARTICLE II - Duration:

This limited liability company shall become effective DECEMBER 15, 2004, unless sooner terminated.

ARTICLE III - Address:

The mailing address and street address of the principal place of business of this limited liability company is 5201 Village Blvd., West Palm Beach, FL 33407. This limited liability company may, at its discretion, change the address of its principal place of business.

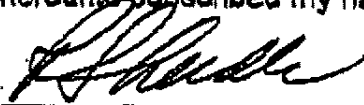
ARTICLE IV - Registered Agent:

The name and street address of the initial registered agent of this limited liability company is ROBERT NEEDLE, 5201 Village Blvd., West Palm Beach, Florida 33407.

ARTICLE V - Management:

The limited liability company is to be managed by a manager, managing member and/or managing members.

15th IN TESTIMONY WHEREOF, I have hereunto subscribed my name this day of December, 2004.



ROBERT NEEDLE, Member

Dec-15-04 04:05pm From-COHEN NORRIS SCHERER
COHEN NORRIS SCHERER

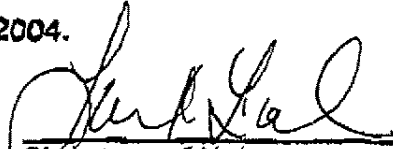
561-842-4104
561-842-4104

T-610 P.04/05 F-722
T-608 P.03/04 F-714

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 15th day of December, 2004, by ROBERT NEEDLE, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 15th day of December, 2004.


Signature of Notary
Printed Name: LARISSA K. LINCOLN
My Commission Expires:
My Commission Number:



**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **420 ASSOCIATES, LLC**, a Florida Limited liability company, with its office
at 5201 Village Blvd., West Palm Beach, FL 33407, has named **ROBERT NEEDLE**, at
the same address, as its initial registered agent to accept service of process within this
State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-
stated limited liability company at the place designated in this Certificate, I hereby
accept to act in such capacity and agree to comply with the applicable provisions of law.

By: *[Signature]*
ROBERT NEEDLE,
Registered Agent

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 15th day of
December, 2004 by **ROBERT NEEDLE**, who is personally known to me or who has
produced Florida State Driver's License Number N/A as
identification and who did () or did not (X) take an oath.

Executed this 15th day of December, 2004.

[Signature]
Signature of Notary
Printed Name: **CARISSA K. LINCOLN**
My Commission Expires:
My Commission Number:

LLCof/420ASSOCIATES.DOC

