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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN 18 P 2:05

**FILED**

# Pointe Development Company

The Concourse Plaza, 1111 Kane Concourse, Suite 401, Bay Harbor Islands, Florida 33154  
Phone: (305) 865-1923 Fax: (305) 865-3434

January 14, 2005

**VIA: FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399


Re: POINTE AT THE LEGENDS, LLC

Dear Sir or Madam:

Enclosed for filing are two (2) originals of the Articles of Organization for the above-mentioned limited liability company. Also enclose is a check in the amount of \$125.00 made payable to the North Carolina Secretary of State.

Kindly file said Articles as soon as possible and send confirmation of same to the undersigned at the above address.

Sincerely,

  
Leticia Lamarque  
Paralegal

encl.as noted

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**

**OF**

**POINTE AT THE LEGENDS, LLC  
A Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **Name.** The name of the limited liability company is: POINTE AT THE LEGENDS, LLC (the "Company").
2. **Mailing and Street Address of Principal Office.** The mailing and street address for the Company is: 1111 Kane Concourse, Ste. 401F, Bay Harbor Islands, FL, 33154.
3. **Registered Agent.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Alan Sakowitz, 1111 Kane Concourse, Ste. 401F, Bay Harbor Islands, FL 33154.
4. **Management.** The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 13<sup>th</sup> day of January, 2005.

By: 

Alan Sakowitz, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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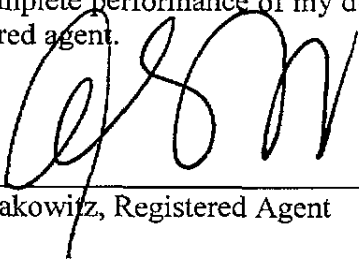
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: **POINTE AT THE LEGENDS, LLC.**
2. The name and address of the registered agent and office is:

Alan Sakowitz  
1111 Kane Concourse, Ste. 401F  
Bay Harbor Islands, FL 33154

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 its 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.



\_\_\_\_\_  
Alan Sakowitz, Registered Agent

\_\_\_\_\_  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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