

FEB-23-2005

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Florida Department of State
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MJH

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : SHDMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY
SPECIALTY OFFICES, LLC

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Certificate of Status	1
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**ARTICLES OF ORGANIZATION
SPECIALTY OFFICES, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is **SPECIALTY OFFICES, LLC**.

ARTICLE II - Address:


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

4985 SW 74th Court
Miami, Florida 33155

ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager or managers.

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 9 day of February, 2005.



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.)

Murry A. Tamers
Typed or printed name of signee

FILED
05 FEB 23 PM 2:30
TAMERS

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**CERTIFICATE 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is SPECIALTY OFFICES, LLC .
2. The name and the Florida street address of the registered agent are:

Murry A. Tamers
4985 SW 74th Court
Miami, Florida 33155

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.


Signature