

C 05000076974

AUG-04-05 15:18 From: AKERMAN, SENTERFITT & MIDSON, P.A.

3 53745095

412 P.01/01 6b-676

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000187062 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

*Angelica M. Chism*  
Account Name : AKERMAN, SENTERFITT & MIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

RECEIVED

05 AUG -4 PM 4:07

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

5205 BUILDING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG -4 AM 9:56

FILED

*W 08/05/05*

Electronic Filing Menu

Corporate Filing

Public Access Help

2p

FAX AUDIT No. H05000187062

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: 5205 Building, LLC.

**ARTICLE II - Address:**

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

1016 North Dixie Highway  
West Palm Beach, Florida 33401

**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**American Services Information, Inc.  
One S.E. Third Avenue, 28th Floor  
Miami, Florida 33131**

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 property 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.

By Angelica M. Chiru Assistant Secretary  
Registered Agent's Signature  
Henry H. Raattama  
Signature of ~~an authorized representative of a member.~~

(In accordance with Section 608.408(a), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Henry H. Raattama  
Typed or printed name of signee