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#### FLORIDA DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

FAX #:

(904) 922-4001

FROM: BUSINESS FILINGS

ACCT#:

105256001620

CONTACT: RICHARD OSTER

PHONE: (608)251-6600 (608)251-6907

FAX #:

NAME: Azores LLC

AUDIT NUMBER..... H97000008148

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS...1

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# ARTICLES OF ORGANIZATION OF Azores LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Azores LLC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2525 Barcelona Drive, Ft Lauderdale, FL 33301.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be managed by the members and the names and addresses of the members are:

Marcie Jaeger, 2525 Barcelona Drive, Ft. Lauderdale, FL 33301. Norbert H Grupe, 2525 Barcelona Drive, Ft. Lauderdale, FL 33301.

97 MAY 21 MM 8: 17

Prepared by Richard Oster, 214 North Henry Suite 201, Madison, WI 53703.

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

	The undersigned member or authorized representative of a member of	
	Azores LLC deposes and says:	·
i)	the above named limited liability company has at least two members	
2)	the total amount of cash contributed by the member(s) is	\$ 5.000.00
3)	if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$ 0.00
4)	the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 45,000.00
	Signature of a member or an harized representative of a member.	_

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

Marcie Jaeger

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

- 1. The name of the corporation is: Azores LLC.
- 2. The name and address of the registered agent and office is: Business Filings, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176.

Having been named as registered agent and to accept service of process for the above stated corporation 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

Richard Oster

V.P. Business Filings, Inc.

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