

**Florida Department of State
 Division of Corporations
 Public Access System
 Katherine Harris, Secretary of State**

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.

(((H99000022187 1)))

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)922-4003

From:
 Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
 Account Number : 076077000521
 Phone : (954)761-2910
 Fax Number : (954)764-4996

FILED
 99 SEP -3 AM 11:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Leyman-Reyf Associates LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$337.50

FILED
 99 SEP -2 AM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

mtu
 9/3

FA#: H99-22187

ARTICLES OF ORGANIZATION
OF
LEHMAN-REYF ASSOCIATES 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 Lehman-Reyff Associates LLC (the "Company").
2. PERIOD OF DURATION. The period of duration of the Company shall be perpetual.
3. PURPOSE. The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.
4. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The street address of the principal office and mailing address of the Company is 21200 NW 2nd Avenue, Miami, FL 33169.
5. REGISTERED AGENT. The name and address of the initial registered agent for the Company is: William Lehman, Jr., 21400 NW 2 Ave., Miami, Florida 33169.
6. ADDITIONAL MEMBERS. Members may admit additional members upon the consent of a majority in interest of the then existing members.
7. CONTINUITY OF BUSINESS. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, the business of the Company shall not be continued and the Company shall be dissolved unless there is obtained the consent of remaining members owning a majority-in-interest of the profits interests and of the capital interests of the Company.

FILED
SECRETARY OF STATE
99 SEP -2

FTL:612621:1
FA#: H99-22187

Prepared by: Thomas O. Katz, Esq.
FL Bar #355836
Richard McClosky, Esq.
P.O. Box 1900
Ft. Lauderdale, FL 33301
(954) 764-6660

FA#: H99-22187

8. MANAGEMENT. The Company shall be managed its manager, and its name and address are:

Lehman-Reyf Associates, Inc.
8523 S. Dixie Highway
Pinecrest, FL

The undersigned have executed these Articles of Organization on the 31 day of August, 1999.

LEHMAN-REYF ASSOCIATES LLC

By: Lehman-Reyf Associates, Inc., its manager

By: William Lehman, Jr.
William Lehman, Jr., President

FILED
99 SEP -2 AM 11:34

FA#: H99-22187

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned authorized representative of the members of Lehman-Reyf Associates LLC deposes and says:

1. The above named limited liability company has at least one member.
2. The total amount of cash contributed by the members is \$200,000.00.
3. No property other than cash is being contributed by the members.
4. No additional cash or property is anticipated to be contributed by the members.
5. The total amount of contributions by the members is \$200,000.00.

FILED
 SECRETARY OF STATE
 99 SEP -2 AM 11:34

Lehman-Reyf Associates, Inc., its manager

William Lehman

 William Lehman, President

(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.)

FA#:H99-22187

FA#: H99-22187

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

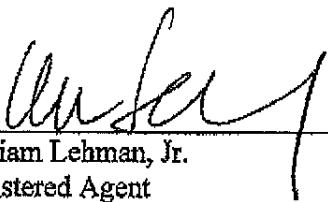
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Lehman-Reyf Associates LLC
- 2. The name and address of the registered agent and office is:

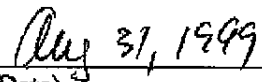
William Lehman, Jr.
21400 NW 2 Ave.
Miami, FL 33169

FILED
SEP 03 11 34 AM '99
STATE OF FLORIDA

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.



William Lehman, Jr.
Registered Agent



(Date)

FA#: H99-22187