

FEB 17-2005 THU 08:43 AM
Division of Corporations

L0500000/0567

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561) 835-8500
Fax Number : (561) 850-8530

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

J.H. Namik & Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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J. BRYAN FEB 17 2005

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

ARTICLE I - Name

The name of the Limited Liability Company is: **J.H. Namik & Associates, LLC**

ARTICLE II - Address

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

Mailing and Street Address 17 Fort Royale Isle
Fort Lauderdale, FL 33308

ARTICLE III - Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent: Harold Klitsberg
Street Address: 17 Fort Royale Isle
Fort Lauderdale, FL 33308

ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

J.H. Namik & Associates, LLC,
a Florida Limited Liability Company

Date: February 16, 2005

By: Harold Klitsberg
Authorized Representative

(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.)

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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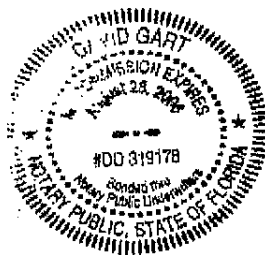
FAX NO.

P. 03

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by Harold Klitsberg. He is personally known to me _____ or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 16 day of February, 2005.



David Gart
Notary Public

David A. Gart

Typed, printed or stamped name of Notary Public

My Commission Expires:

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

By: Harold Klitsberg
Harold Klitsberg

REGISTERED AGENT

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)