

FROM, BERT R. OLIVER

(WED) MAR 09 2005 1:14 PM ST. 14 No. 68913010 1

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Fax Number : (850) 205-0383

From:  
Account Name : BERT R. OLIVER, P.A.  
Account Number : I20040000183  
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**LIMITED LIABILITY COMPANY**

4299 Miami Springs Manager, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
4299 MIAMI SPRINGS MANAGER, LLC**

**Under the Florida Limited Liability Company Act**

**ARTICLE I**

**NAME**

The name of this limited liability company is 4299 MIAMI SPRINGS MANAGER, LLC (the "Company").

**ARTICLE II**

**MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is c/o Bert R. Oliver, P.A., 2060 N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

**ARTICLE III**

**REGISTERED AGENT AND OFFICE**

The name and street address of the Company's initial registered agent in Florida is Bert R. Oliver, 2060 N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

**ARTICLE IV**

**MANAGEMENT**

The Company is to be a Member-managed Company.

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 8, 2005.



BERT R. OLIVER  
Authorized Representative

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**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

Having been named as Registered Agent to accept service of process for 4299 MIAMI SPRINGS MANAGER, LLC, at the place designated in the foregoing Articles of Organization, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of the Florida Limited Liability Company Act relating to the proper and complete performance of our duties, and am familiar with and accept the obligations of my position as Registered Agent.

Dated: March 8, 2005.



BERT R. OLIVER

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