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PICK-UP WAIT MAIL
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CORPORATE ACCESS,

When you need ACCESS to the world

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

то;	New Filing Section Division of Corporations
SUBJEC	408 LAKE TOWER, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	JOSEPH L. SCHWARTZ, ESQUIRE
	Name of Person
	BOIES SCHILLER FLEXNER LLP
	Firm/Company
	2435 HOLLYWOOD BLVD.
	Address
	HOLLYWOOD, FLORIDA 33020
	City/State and Zip Code JSCHWARTZ@BSFLLP.COM
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	JOSEPH L. SCHWARTZ 954 924-0300
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
	Filing Fec \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

408 LAKE TOWER, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
	
<u> Principal Office Address:</u>	<u>Mailing Address</u> :
	William Doremus
250 Bradley Place, Apt. 408 Palm Beach, Florida 33480	William Doremus 205 Oakes Street

100 311 201 2201 230 21 111 1 25 111 11 15 111

Corporate Access, Inc.

Name

236 East 6th Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

City State Zip

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 proper 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 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	William Doremus
	205 Oakes Street
	Port Jefferson, NY 11777
AMBR	Wendy Doremus
and the second s	876 Broadway, Apt. 5
	New York, NY 10003
AMBR	Charles Stedwell
	17 Privateer Drive
	Corte Madera, CA 94925
(Use attachment if necessary)	
(==::::::::::::::::::::::::::::::::::::	
ICLE V: Effective date, if other than t	the date of filing: (OPTIONAL)
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Filing Pees:

\$ 30.00 Certificate of Status (Optional)

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