

L00000 001051

CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 1/28/00 11:00

CERTIFIED COPY

CUS GS

PHOTO COPY

FILING LLC

1.) Nazari Associates IV, LLC
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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****480.00 ****160.00

SPECIAL INSTRUCTIONS

1/28/00

**ARTICLES OF ORGANIZATION
OF
NAZARI ASSOCIATES IV, LLC**

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:

ARTICLE I: NAME

The name of the Limited Liability Company is Nazari Associates IV, LLC.

ARTICLE II: ADDRESS

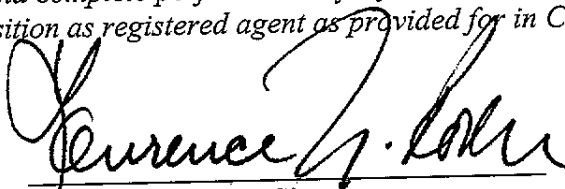
The mailing address and street address of the principal office of the Limited Liability Company is: 3500 N. 55th Avenue, Hollywood, Florida 33021.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Lawrence N. Rosen
2925 Aventura Boulevard, Suite 308
Aventura, Florida 33180

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 608, F.S..



Registered Agent's Signature

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
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