Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)

: (850)922-4003

From:

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES

Account Number: I19990000034
Phone: (954)565-7723
Fax Number: (954)568-6771

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NECTOR SECTION IN THE REPORT OF THE PROPERTY O

LIMITED LIABILITY COMPANY

GROVE 1201, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION

OF

GROVE 1201, LLC.

ARTICLE ONE

NAME

The name of the limited liability company shall be GROVE 1201, LLC.

ARTICLE TWO PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is 560 N.W. 27th Street, Miami, Florida 33127

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are: Mike Wasserman of 407 Lincoln Road, Miami Beach, Florida 33139

ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company. The name and address of the manager of this company will be Marc Klinger of 560 N.W. 27th Street, Miami, Florida 33127

Signed by member

Dated

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or an authorized representative of a member

Marc Klinger

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.

Signed Mike Wasserman

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Registered Agent

MARCH 27 2000 Dated

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