

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**L00000004323**

CONTACT: CINDY HICKS

DATE: 4.14.00

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-04/14/00--01066--010  
\*\*\*155.00 \*\*\*155.00

REF. #: 0150

CORP. NAME: Gables Park Tower, LLC

L00-4323  
04-14

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

RECEIVED  
00 APR 14 PM 2:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE FEES PREPAID WITH CHECK# 7548 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION  
FOR  
GABLES PARK TOWER, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is **GABLES PARK TOWER, LLC.**

**ARTICLE II - ADDRESS**

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

1220 South Greenway Drive  
Coral Gables, Florida 33134

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE**

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

CORPDIRECT AGENTS  
103 N. Meridian Street  
Lower Level  
Tallahassee, FL 32301

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.

By: Cindy Hicks  
CORPDIRECT AGENTS  
Its Agent, Cindy Hicks

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TALLAHASSEE, FLORIDA  
00 APR 14 PM 3:08

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**ARTICLE IV - MANAGEMENT**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.)

By: Cindy Hicks  
CORPDIRECT AGENTS, Cindy Hicks  
Authorized representative of a member

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