



THE UNITED STATES
CORPORATION
COMPANY

0000000063697

ACCOUNT NO. : 072100000032

REFERENCE : 681870 4806735

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 125.00

ORDER DATE : May 1, 2000

ORDER TIME : 9:36 AM

ORDER NO. : 681870-005

600003275036--0

CUSTOMER NO: 4806735

CUSTOMER: Ms. Patti L. Hubschman
CONTANT, SCHERBY & ATKINS
CONTANT, SCHERBY & ATKINS
33 Hudson Street

Hackensack, NJ 07601

DOMESTIC FILING

NAME: 750 SOUTH NORTHLAKE BOULEVARD,
L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
00 JUN -2 PM 12:57

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 JUN -2 PM 2:06

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

750 SOUTH NORTHLAKE BOULEVARD, L.L.C.

ARTICLE II - Address:

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

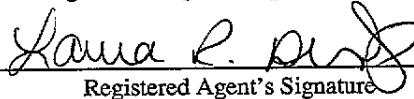
750 South Northlake Boulevard, North Palm Beach, Florida 33408-5208

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State, and 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 608, F.S..

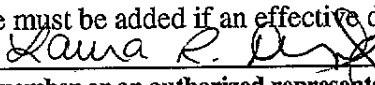


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(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 stated herein are true.)

Laura R. Dunlap
Typed or printed name of signee

FILING FEES:

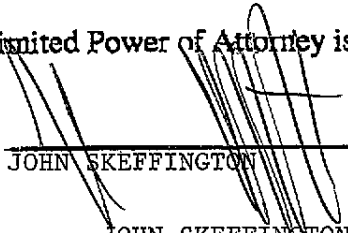
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 JUN -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of 750 SOUTH NORTHLAKE BOULEVARD, L.L.C. (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 3rd day of May, 2000.


JOHN SKEFFINGTON

Signature

JOHN SKEFFINGTON

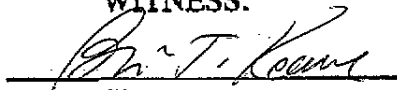
Print Name of Signer

WITNESS:


Signature

MARIA DE CANDIA
Print Name of Witness

WITNESS:


Signature

Brian T. Kane
Print Name of Witness

FILED
00 JUN -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA