

Division of Corporations

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : TUCKER & TIGHE, P.A.
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Phone : (954) 467-7744
Fax Number : (954) 467-7905

LIMITED LIABILITY COMPANY

SINDROME/CORDELL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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[Handwritten signatures and initials]

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ARTICLES OF ORGANIZATION

SINDROME/CORDELL, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company shall be
SINDROME/CORDELL, L.L.C.

ARTICLE II - Address:

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

3725 Condor Court, Weston, FL 33331

ARTICLE III - Registered Agent:

The name and street address of the Limited Liability Company's
initial Registered Agent for service of process in this State is as
follows: PATRICK CORDELL, 3725 Condor Court, Weston, FL 33331.

ARTICLE IV - Management:

The Limited Liability Company will be a manager-managed
company and the name and address of the initial manager is:

PETER R. JEROME
233 E. Montauk Highway
Lindenhurst, NY 11757-6032

The managers may be changed, or additional managers may be
added, as provided by the Operating Agreement.

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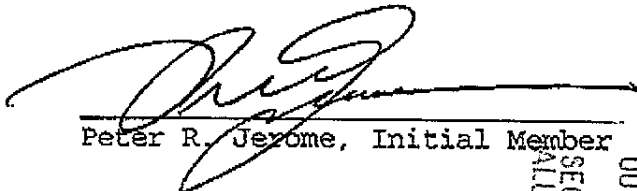
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ARTICLE V - Transfer of Interests:

A Member may not assign or transfer his or her interest in the Company except as may be permitted by the Operating Agreement.

ARTICLE VI - Members Rights to Continue Business:

The remaining members of the limited liability company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, subject to such provisions governing such event as may be set forth in the Operating Agreement.


Peter R. Jerome, Initial 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.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:
SINDROME/CORDELL, L.L.C.
2. The name and the Florida street address of the registered agent are:

Patrick Cordell
3725 Condor Court
Weston, FL 33331

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.


Patrick Cordell

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