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**NATIONWIDE**

July 14, 2000

Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32301  
Att: CORPORATIONS DIVISION  
Att: BETH REGISTER, CORPORATE SPECIALIST  
[850] 487-6943

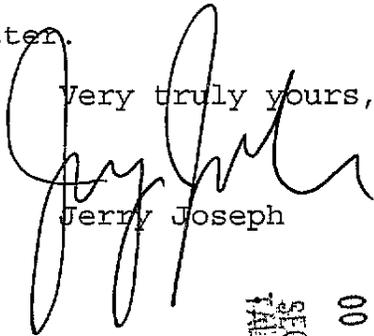
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RE: Crown Quail West LLC

Dear Sirs/Madams,

Enclosed please find an ORIGINAL and COPY of the ARTICLES OF ORGANIZATION for the above referenced LLC. Please FILE, using the attached check in full payment for services requested, and return to the above using the enclosed UPS envelope.

Thank you for your cooperation in this matter.

Very truly yours,  
  
Jerry Joseph

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FILED  
00 JUN 17 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CROWN QUAIL WEST LLC**

**ARTICLE II - Address:**

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

**3100 SOUTH OCEAN HIGHWAY, APT 305 NORTH  
PALM BEACH, FLORIDA 33480**

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

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

**DOMINIC ROBUSTELLI**

**3100 SOUTH OCEAN HIGHWAY, APT 305 NORTH**

**PALM BEACH, FL 33480**

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..*

*Domini Robustelli*

Registered Agent's Signature  
**DOMINIC ROBUSTELLI**

**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)

*Davar Rad*  
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.)

**DAVAR RAD, MEMBER**

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)

00 JUN 17 PM 2:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA