09211

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

From:

: FOWLER, WHITE, BURNETT, ET AL Account Name

Account Number : 071250001512 (305) 789-9200 phone

: (305)789-9201 Fax Number

LIMITED LIABILITY COMPANY

XENY, LLC

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1
03
\$155.00

Audit No. #00000040526 6

ARTICLES OF ORGANIZATION XENY, LLC

ARTICLEI

The name of the limited liability company formed hereby is XENY, LLC. (the ' Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

> 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

> Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

ARTICLE V

The Limited Liability Company is to be managed by a Managing Member. The name and address of the initial Managing Member to serve until his successor is elected and qualified is:

> Howard B. Katz One Grove Isle Coconut Grove Miami, Florida 33133

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ARTICLE VI

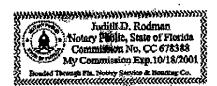
The Members may admit additional Members with the approval of the Members on such terms and conditions as may be approved by the Members and the additional Member to be admitted.

ARTICLE VII

The remaining Members of the Limited Liability Company have the right to continue the business of the Limited Liability Company upon 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.

Fred K. Lickstein,
as Authorized Representative of the Members

COUNTY OF MIAMI-DADE)
Before me personally appeared Members, who is personally known to as identification, to be the p	d Fred K. Lickstein, as Authorized Representative of the to me, or □ who produced
In witness whereof I have heren	mto set my hand and official seal this Back day of



Notary Public

Print Name: 10174 3. 400 Min

My Commission expires: 10 18:12:00/

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STATE OF FLORIDA

Audit No. H00000040526 6

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statements in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is XENY, LLC.
- 2. The name and address of the Registered Agent and Office is:

Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Fred K. Lickstein, Registered Agent

Date: August 2, 200;

XENY, LLC

Pred K. Lickstein,

as Authorized Representative

of the Members

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