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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)541-3694
Fax Number: (305)541-3770

SKALENSKE E SPAIE

LIMITED LIABILITY COMPANY

POMPANO SQUARE INVESTORS, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	03
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1 of 2



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ARTICLES OF ORGANIZATION OF POMPANO SQUARE INVESTORS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is: POMPANO SQUARE INVESTORS, LLC (the "Company").

ARTICLE II- ADDRESS

The mailing address and street address of the principal office of the Company is: 7700 Red Road, South Miami, Florida 33143.

ARTICLE HI- DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV- MANAGEMENT

The Company will be a manager-managed Company. The name and address of the Manager are:

Gulfside Pompano, LLC 7700 Red Road South Mizmi, Florida 33143

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Company is August 22, 2000.

IN WITNESS WHEREOF, the undersigned Representative of the Manager was executed these Articles of Organization this 32 day of August, 2000,

Norman/S/Weiter, Esq

Preparer: Norman S. Weider, Esq. 100 S.E. 2d Street, #3950 Miami, FL 33131 Phone; (303) 371-6338 - Florida Ber No. 159388

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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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: POMPANO SQUARE INVESTORS, LLC.
- The name and address of the registered agent and office is:

Norman S. Weider, Esq. 100 S.E. 2nd Street Suite 3950 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 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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

VORMAN S. WHICER, E

DATE:

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OFFICE

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