

ACCOUNT NO. : 072100000032

REFERENCE: 934706 7234125

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE: December 15, 2000

ORDER TIME: 11:36 AM

ORDER NO. : 934706-001

CUSTOMER NO: 7234125

CUSTOMER: Mr. Andrew L. Martin-7234125

Mr. Andrew L. Martin

Suite 210

1300 Se 17th Street

Ft. Lauderdale, FL 33316

DOMESTIC FILING

NAME: 435 BAYSHORE LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

435 BAYSHORE LLC

ARTICLE II - Address:

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

1300 SOUTHEAST 17TH STREET, SUITE 210, FORT LAUDERDALE, FLORIDA 33316

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)



MEMBERS LIST FOR 435 BAYSHORE LLC

EAST COAST DEVELOPMENT, INC.

1300 SOUTHEAST 17TH STREET

SUITE 210

FORT LAUDERDALE, FL 33316

PC424, INC.

1300 SOUTHEAST 17TH STREET

SUITE 210

FORT LAUDERDALE, FL 33316

SXK

APPHOVILL AND FILED 00 DEC 19 PH 2: 39 PALL AHASSEE, 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 435 BAYSHORE LLC

(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 Rower of Attorney is executed on this/8 day of Dec, 2000

SIGNATURE

Andrew L Marker

Print Name of Signer

WITNESS:

CYCNIATIDE

Diane E. Hoderson

Print Name of Witness

WITNESS:

SIGNATURE

NAMEY C-RODEIGUEZ

Print Name of Witness

APPROVED AND FILED 00 DEC 19 PH 2:39 IALLAHASSEE FI ORIE.

FL LLC:-LIMITED POWER OF ATTORNEY 04/24-1 (FLLLCATT)