

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From: *Lori A. Mackey, Corporate Paralegal*
Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

LIMITED LIABILITY COMPANY

HOMOSASSA ASSOCIATES LLC

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

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**ARTICLES OF ORGANIZATION
OF
HOMOSASSA ASSOCIATES LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is:

HOMOSASSA ASSOCIATES LLC.

**ARTICLE II
TERM**

The existence of the Company shall commence upon filing of these Articles of Organization with the Florida Department of State and its existence shall be perpetual.

**ARTICLE III
ADDRESSES**

The initial mailing address of the Company is 40 E. 69th Street, New York, New York 10021.

The initial street address of the principal office of the Company is 40 E. 69th Street, New York, New York 10021.

**ARTICLE IV
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company are: Joseph E. Maguire, 2499 Glades Road, Suite 111, Boca Raton, Florida 33431.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the

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Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being the authorized representative of a Member of the Company has executed these Articles of Organization this 13 day of March, 2001.

By


Joseph R. Maguire,
Authorized Representative

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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:
HOMOSASSA ASSOCIATES LLC
2. The name and the Florida street address of the registered agent are:
**JOSEPH E. MAGUIRE
2499 CLADES ROAD, SUITE III
BOCA RATON, FLORIDA 33431**

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.

Dated: March 13, 2001

Signature of Registered Agent



 Joseph E. Maguire

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