

L01000009899

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & BERGER, P.
Account Number : 076064003722
Phone : (954) 491-1120
Fax Number : (954) 771-9264

LIMITED LIABILITY COMPANY

Maison Saint Antoine, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
01 JUN 20 PM 1:48
TALLAHASSEE, FLORIDA

RECEIVED
01 JUN 20 AM 11:31
TALLAHASSEE, FLORIDA

AUDIT NO. H010000749886

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

ARTICLE I - Name:

The name of the Limited Liability Company is Maison Saint Antoine, L.L.C.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall continue for a period of 40 years thereafter.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 300 S.W. 2nd Street, Suite 9, Fort Lauderdale, Florida 33312.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Jennifer Levin, 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is Eurodev, LLC, 300 S.W. 2nd Street, Suite 9, Fort Lauderdale, Florida 33312.

Whereof, the undersigned member has executed these Articles the 20th day of June, 2001,


Jennifer Levin, Authorized Representative
of Member

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TALLAHASSEE, FLORIDA

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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 IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Maison Saint Antoine, L.L.C.

2. The name and address of the registered agent and office is:

Jennifer Levin
100 W. Cypress Creek Road, Suite 700
Fort Lauderdale, Florida 33309

By: 
Jennifer Levin, Authorized Representative
of Member

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.


Jennifer Levin (Signature)

6/20/01
(Date)

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