

Division of Corporations

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L020000000899**Florida Department of State**

Division of Corporations

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : DAVID J. HART, P.A.

Account Number : I19990000143

Phone : (305)577-9977

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AL

LIMITED LIABILITY COMPANY**Limcon Management LLC**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED COMPANY
LIMCON MANAGEMENT LLC

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ARTICLE I – Name:

NAME

The name of the Limited Liability Company shall be: **LIMCON MANAGEMENT LLC**

ARTICLE II – Address:

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

**C/O David J. Hart, P.A.
21 S.E. 1 Avenue, 10th Floor
Miami, FL 33131**

ARTICLE III – Duration

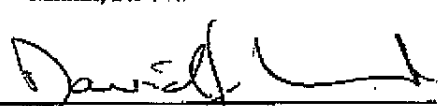
The corporation shall have perpetual existence

ARTICLE IV – Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

a) **Ana L. Tanner
C/O David J. Hart, P.A.
21 S.E. 1 Avenue, 10th Floor
Miami, FL 33131**

b) **Peter Tanner
C/O David J. Hart, P.A.
21 S.E. 1 Avenue, 10th Floor
Miami, FL 33131**


Signed by David J. Hart, Esq.
Authorized representative and attorney
January 11, 2002

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STATE OF FLORIDA**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THE STATE, NAMING THE AGENT
UPON WHOM PROCESS MAY BE SERVED.**


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 and registered agent in the State of Florida.

- I The name of the Limited Liability Company is: **LIMCON MANAGEMENT LLC**
- II The name and address of the registered agent and office is:

**DAVID J. HART, Esq.
21 S.E. 1 Avenue, 10th Floor
Miami, FL 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 such 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.

BY:



David J. Hart, Esq.

DATED: January 11, 2002
Miami, FL

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