

L020000001204



ACCOUNT NO. : 072100000032

REFERENCE : 717024 7128835

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizib

ORDER DATE : January 16, 2002

ORDER TIME : 10:01 AM

ORDER NO. : 717024-005

CUSTOMER NO: 7128835

CUSTOMER: Ms. Carol Truel
Richard S. Lehman, Attorney At
Law
2600 North Military Trail
Suite 270
Boca Raton, FL 33431

RECEIVED
02 JAN 16 AM 10 22
FALLAHASSEE, FL 32909

DOMESTIC FILING

NAME: WATERLOFTS, LLC

000004777840--2

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

NOTES: CLIENT NEEDS TODAY FOR CLOSING IF POSSIBLE.

CONTACT PERSON: Norma Hull - EXT. 1115
EXAMINER'S INITIALS:

JB
1-16-02

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

02 JAN 16 AM 11:14

APPROVED
AND
FILED

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

Pursuant to § 608.407, Florida Statutes, the articles of organization must set forth the following:

ARTICLE I. Name

The name of the Limited Liability Company is: **Waterlofts LLC**

ARTICLE II. Address

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

Suite 2980
Two So. Biscayne Boulevard
Miami, FL 33131

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature.

Jacques Claudio Stivelman
Suite 2980
Two So. Biscayne Boulevard
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 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

The Limited Liability Company is to be managed by one manager and more managers and is, therefore, a manager-managed company.


Signature of member or an authorized representative of a member


Typed or Printed Name of Signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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