

Florida Department of State

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Attn: Sue Deverson #996131.0003

From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065

: (954)525-7500 Phone Fax Number : (954)761-8475 AL 1

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

HURSYND 11, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION **OF HURSYND 11, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I NAME

The name of this limited liability company is:

HURSYND 11, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

1112 Weston Road Box 114 Weston, FL 33326-1915

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED **AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Barry P. Hurwit 1112 Weston Road Box 114 Weston, FL 33326-1915

Prepared By:

Matthew Zifrony, Esq. FL Bar No. 0885487 Tripp Scott, PA P, Ö. Box 14245 Ft Landerdale, FL 33302 (954) 525-7500

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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

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member managed company.

Authorized Representative of the Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)