Division of Corporations
Public Access System
Katherine Harris, Secretary of State

MJH

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000085168 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383.

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521 Phone : (954)527-2428

Fax Number : (954) 764-4996

O2 APR 15 AM 10: 23
SECRETARY OF STATE
TALLAH SSEE F. 1887

LIMITED LIABILITY COMPANY

Coral Springs Professional Campus, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

ARTICLES OF ORGANIZATION OF CORAL SPRINGS PROFESSIONAL CAMPUS, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of founing a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. <u>NAME</u>. The name of the Limited Liability Company is CORAL SPRINGS PROFESSIONAL CAMPUS, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: Harry M. Rosen, Esq., c/o Rosen, Kreiling & Eichner, 2500 Weston Road, Weston, Florida, 33331-3617.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Harry Rosen, Esq., at c/o Rosen, Kreiling & Eichner, 2500 Weston Road, Weston, Florida, 33331-3617.
- 4. <u>MANAGEMENT</u>. The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the <!-- day of April, 2002.

Harry M. Rosen, Authorized Person

02 APR 15 AH 10: 23
SECRETARY OF STATE
TALLAHASSEE FLORID

FTL:672975:1

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: CORAL SPRINGS PROFESSIONAL CAMPUS, LLC.
- 2. The name and address of the registered agent and office is:

Harry M. Rosen, Esq. c/o Rosen, Kreiling & Eichner 2500 Weston Road Weston, Florida 33331-3617

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 its 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.

FTL:872975:1 FTL: 872975:1 FTL: 872975:1