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JAMES A. MOLANS

ATTORNEY AT LAW 5901 S.W. 74th Street, Stite 400 South Miami, Florida 33143

(305) 666-0345 FAX (305) 284-9387 Voice Mail (305) 957-9600 PILED

02 MAY -3 PM 2: 18

SECRETARY OF STATE
TALLAHASSEF FLORINA

****160.00 ****160.00

May 2, 2002

VIA FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: NEWCOMB PROPERTIES #2, L.L.C.

Dear Secretary of State:

Enclosed please find the Articles of Organization for the above referenced company to be formed. Also enclosed is my Trust Account check in the amount of \$160.00.

Please form NEWCOMB PROPERTIES #2, L.L.C. as a Florida Limited Liability Company. After its formation, please return a Certified Copy of the Articles of Organization and the Certificate of Status to me at the above referenced address.

If you have any questions or comments, please contact my office at the above referenced address and telephone number. Your continued cooperation with my office is appreciated.

Very truly yours

James A. Molans

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Enclosure

St ust

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEWCOMB PROPERTIES #2, L.L.C.

ARTICLE II - Address:

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

5901 S.W. 74th Street, Suite 400, South Miami, FL 33143

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JAMES A. MOLANS	SE 2 2
Name	LACRE M
5901 S.W. 74th Street, Suite 400	MAY . RETAI
Florida street address (P.O. Box NOT acceptable)	SET OF
South Miami FL 33143	
City, State, and Zip	SETAT '2:

Having been named as registered agent and to accept service of process for the above stated Emited 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 (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

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

AUTHORIZED MOLANS. Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)