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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 2, 2002

VIA FEDERAL EXPRESS

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\*\*\*\*160.00 \*\*\*\*160.00

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

RE: **NEWCOMB PROPERTIES #8 L.L.C.**

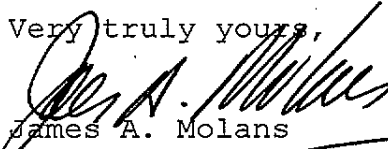
Dear Secretary of State:

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 #8, 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

JAM: alm

Enclosure

5/8  
msb

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NEWCOMB PROPERTIES #8, 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

Name

5901 S.W. 74th Street, Suite 400

Florida street address (P.O. Box NOT acceptable)

South Miami FL 33143

City, State, and Zip

*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 (Check box if applicable.)

- ☒ 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.)

JAMES A. MOLANS, AUTHORIZED REPRESENTATIVE  
Typed or printed name of signer

### 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)

FILED  
02 MAY -3 PM 2:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE