



L02000020326

ACCOUNT NO. : 072100000032

REFERENCE : 699418 8676A

AUTHORIZATION

COST LIMIT : \$ 155.00

Patricia Pujols

FILED
2002 AUG -9 PM 2:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : August 9, 2002

ORDER TIME : 12:48 PM

ORDER NO. : 699418-005

CUSTOMER NO: 8676A

CUSTOMER: Elaine R. Steeris, Legal Asst
Merrill Bookstein, Esq

400007020724--2

Suite 308
2499 Glades Road
Boca Raton, FL 33431

DOMESTIC FILING

NAME: UNITED SYNDICATORS, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2010 P. 76101
FROM :

FAX NO. :

NOV. 28 2001 03:23PM P1

1012 76101

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNITED SYNDICATORS, L.L.C.

ARTICLE II - Address

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

**UNITED SYNDICATORS, L.L.C.
2400 N.W. 53rd Street
Boca Raton, Florida 33496**

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

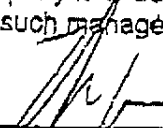
**MERRILL A. BOOKSTEIN
COUNSELOR AT LAW, P.A.
2499 Glades Road, Suite 308
Boca Raton, Florida 33431**

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 609, F.S.


Registered Agent's Signature

ARTICLE IV - Management: (Check Box if applicable)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:


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

(In accordance with section 606.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID L. KRON
Typed or printed name of signee

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