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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : SHAPIRO & ADAMS, P.A.
Account Number : 119990000101
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LIMITED LIABILITY COMPANY

University/Davie, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I. Name:**

The name of the Limited Liability Company is: **UNIVERSITY/DAVIE, LLC**

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1690 South Congress Avenue, Suite 200, Delray Beach, FL 33445.

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

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

**ROBERT LEE SHAPIRO, P.A.
2401 PGA Boulevard, Suite 272
Palm Beach Gardens, Florida 33410**

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.

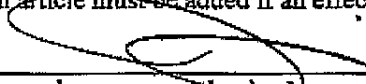


Registered Agent's Signature

Article IV. Management (Check if applicable.)

XXX 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.)

ROBERT LEE SHAPIRO, Authorized Representative

Typed or printed name of signee

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