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TELAHASSEE, FLORIDAS

ACCOUNT NO. : 07210000032

REFERENCE: 711872 7347627

AUTHORIZATION: Patricia Punt

COST LIMIT : \$ 125.00

ORDER DATE : August 20, 2002

ORDER TIME : 11:02 AM

ORDER NO. : 711872-001

CUSTOMER NO: 7347627

CUSTOMER: Ms. Laurie A. Casey

Ms. Laurie A. Casey

2200 Cypress Bend Drive South

Apt 806

Pompano Beach, FL 33069

DOMESTIC FILING

NAME: ALEXANDRA ASHLEY LLC

EFFECTIVE DATE:

100007672271--8

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

NI AND SEP LIKE OF PARTIES OF THE STATE OF T ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALEXANDRA ASHLEY LLC

ARTICLE II - Address:

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

2200 CYPRESS BEND DRIVE SOUTH, APT. 806, POMPANO BEACH, FL 33069

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

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

Corporation S	Service C	ompany
Nam	ie	
1201 на	ys Stree!	.
Florida street address (P.O.	. Box <u>NOT</u> :	acceptable)
Tallahassee	FL.	32301
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.

Corporation Service Company Lynette Coleman as its agent 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.)

LYNETTE COLEMAN

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)

ALEXANDRA ASHLEY LLC

MARIE DAPHNE SIMON - MANAGER 350 SCOTLAND ROAD APT 306 ORANGE NJ 07050

LAURIE ANA CASEY - MANAGER 2200 CYPRESS BEND DRIVE S APT 806 POMPANO BEACH, FL 33609



LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ALEXANDRA ASHLEY LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this /0 day of , 2002.

ALEXANDRA ASHLEY LI

Signature

Print Name of Signer

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Signature

D-1-467

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Signature

Print Name of Witness