



02000024733

ACCOUNT NO. : 072100000032

REFERENCE : 753418 . 7265188  
*Patricia Pignato*

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : September 20, 2002

ORDER TIME : 3:17 PM

ORDER NO. : 753418-005

CUSTOMER NO: 7265188

300007904663-4

CUSTOMER: Ms. Skip Boly  
Richard N. Krinzman, P.a.

2601 South Bayshore Drive  
19th Floor  
Miami, FL 33133

DOMESTIC FILING

NAME: DORAL CENTER, L.L.C.

*W9/23*

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: \_\_\_\_\_

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02 SEP 20 PM 4: 00  
DIVISION OF CORPORATION

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 SEP 20 PM 1: 33

*up*

**ARTICLES OF ORGANIZATION FOR  
DORAL CENTER, L.L.C.,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DORAL CENTER, L.L.C.

**ARTICLE II - Address:**

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

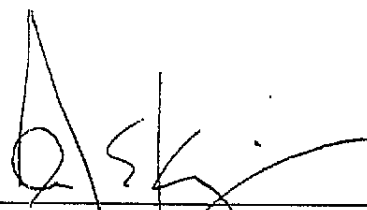
c/o Alan E. Krinzman, Esq.  
Adorno & Yoss, P.A.  
2601 S. Bayshore Drive, Suite 1600  
Miami, Florida 33133

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**ARTICLE III - Management:**

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

DATED this 19<sup>th</sup> day of September, 2002.

By:   
\_\_\_\_\_  
Alan E. Krinzman  
Authorized Representative

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA**

- 1. The name of the Limited Liability Company is:

DORAL CENTER, L.L.C.

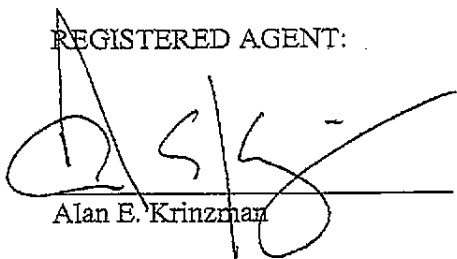
- 2. The name and address of the registered agent and office is:

Alan E. Krinzman  
Adorno & Yoss, P.A.  
2601 S. Bayshore Drive, Suite 1600  
Miami, Florida 33133

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*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 appointments as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.*

REGISTERED AGENT:

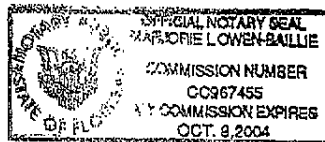
  
Alan E. Krinzman

Dated: September 19, 2002

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF MIAMI-DADE )

THE FOREGOING INSTRUMENT was acknowledged before me this 19<sup>th</sup> day of September, 2002 by Alan E. Krinzman, as Registered Agent of DORAL CENTER, L.L.C., a Florida limited liability company, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

*Martine L. Owen-Baillie*  
Notary Public, State of Florida  
Print Name: MARTINE L. OWEN-BAILLIE  
My Commission Expires: \_\_\_\_\_



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