11/08/2002 15:31

305-789-9201

FOWLER WAITE

PAGE 01/04

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System =

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000223532 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

LIMITED LIABILITY COMPANY

THE FLORIDA MEDIATORS LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

WARRIED IN PROPERTY.

COMPONENT PHING

Public Account bala.

SECKLIARY C. SAR

Audit No. H02000223532 1

ARTICLES OF ORGANIZATION

OF

THE FLORIDA MEDIATORS LLC

ARTICLE I

The name of the limited liability company formed hereby is THE FLORIDA MEDIATORS LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fred R. Ober, Esq. 100 S.E. 2nd Street, 17th Floor-Miami, Florida 33131

Audit No. H02000223532 1

Audit No. H02000223532 1

ARTICLE V

The Limited Liability Company shall be member-managed.

Fred R. Ober,
as Authorized Representative of the
Members

STATE OF FLORIDA)					
)	i				
COUNTY OF MIAMI-DADE)	-				
Before me personally appeared						
Members, I who is personally known						
as identification, to be the	e person who	executed the fore	going Articles of	=: =	>	
Organization.		1		NULL P SECK	3 = 20	
In witness whereof I have here	unto set my h	and and official s	eal this day of	- p>	, [7
November, 2002.			1 to Vak	· 554	0	ר" נ"
		County	10. lufer		ය. ය	
		Notary Public		37		
		Print Name:	<u> </u>	7		
• • • = •		My Commission	expired by the second			
			NOISSION CO.			

Audit No. H02000223532 1

Audit No. H02000223532 1

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is THE FLORIDA MEDIATORS LLC.
- 2. The name and address of the Registered Agent and Office is:

Fred R. Ober, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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.

Fred R. Ober, Registered Agent

Date: 11/08/02

Fred R.Ober.

as Authorized Representative

of the Members

Audit No. H02000223532 1

D2 HOV -8 AM 8: 31