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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

arbor florida, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

1-8-03
msb

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This instrument was prepared by:
David M. Goldstein, Esq.
200 S. Biscayne Boulevard
Suite 1880
Miami, Florida 33131

(4)

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

ARBOR FLORIDA, LLC.

ARTICLE II

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

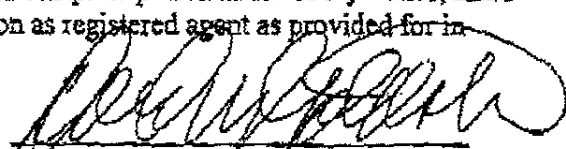
c/o David M. Goldstein, Esq.
200 S. Biscayne Boulevard, Suite 1880
Miami, Florida 33131

ARTICLE III

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

David M. Goldstein, Esq.
200 S. Biscayne Boulevard, Suite 1880
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 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
familiar with and accept the obligations of my position as registered agent as provided for in
Chapter 608, F.S.


Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

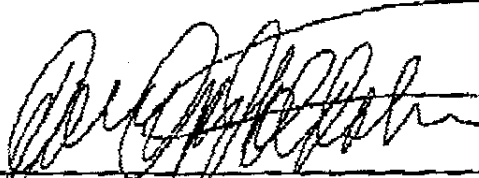
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ARTICLE IV

The Limited Liability Company is to be managed by one or more managers and is therefore, a managed company by the following individual(s):

David M. Goldstein, Manager



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

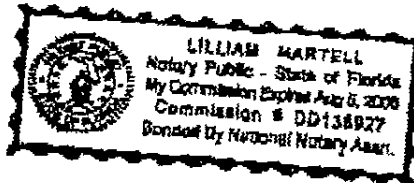
**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this 30th day of December, 2002, by David M. Goldstein, who is personally known to me.



NOTARY PUBLIC, State of Florida

My Commission expires:



TOTAL P.04

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

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

1. The name of the limited liability company is:

ARBOR FLORIDA, LLC.

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

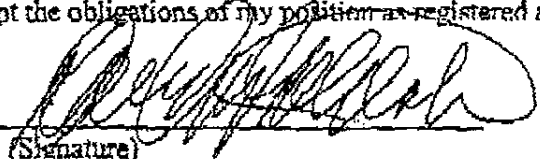
DAVID M. GOLDSTEIN, ESQUIRE
200 S. BISCAYNE BOULEVARD, SUITE 1880
MIAMI, FLORIDA 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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.


(Signature)

12/31/02
(Date)

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