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To:

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

From:

Legal cost
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
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RECEIVED 03 APR 25 AM 11:06
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DIVISION OF CORPORATION
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
SOUTHSIDE BOULEVARD, L.C.

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

99998-72838

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**ARTICLES OF ORGANIZATION
OF
SOUTHSIDE BOULEVARD, L.C.**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Southside Boulevard, L.C.**

ARTICLE II: - Address

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

201 Alhambra Circle
Suite 510
Coral Gables, Florida 33134-5105

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

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

American Information Services, Inc. ✓
One Southeast Third Avenue, 27th 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 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.

American Information Services, Inc.

By: *Mery C. Toledo*
Mery C. Toledo, Assistant Secretary
Registered Agent

ARTICLE IV: - Management

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

Henry H. Raattama
Signature of a member or an authorized representative of a member.

(In accordance with Section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Henry H. Raattama, Esq.
Typed or printed name of signee

Dated this ____ day of _____, 2003.

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SECRETARY OF STATE
ALL APASST FLORIDA

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AHO
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