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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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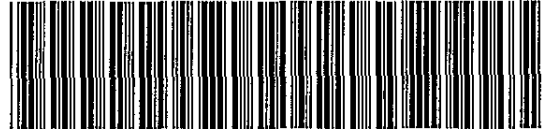
(Business Entity Name)

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DIVISION OF CORPORATION

03 MAY 27 AM 11:39

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03 MAY 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 106867 4332380

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 155.00

03 MAY 27 PM 12:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2003

ORDER TIME : 10:58 AM

ORDER NO. : 106867-005

CUSTOMER NO: 4332380

CUSTOMER: Mr. Michael R. Storace
Michael R. Storace, P.a.

Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: CASTILE PROPERTIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
CASTILE PROPERTIES, LLC

PREAMBLE

The undersigned hereby adopts these Articles of Organization effective upon the date of filing with the Secretary of State of the State of Florida.

ARTICLE I

NAME

The name of this Limited Liability Company is:

CASTILE PROPERTIES, LLC

ARTICLE II

ADDRESS OF OFFICE AND AGENT

2.1 Place of Business. The initial business and mailing address of the Company is: 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817, or such other place or places as the Member may designate from time to time.

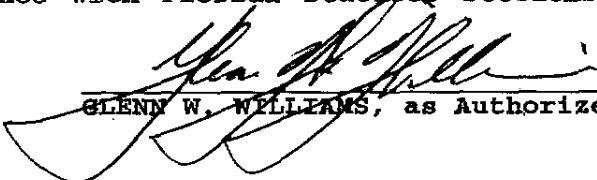
2.2 Registered Agent. The initial Registered Agent of the Company is: LAW OFFICES OF MICHAEL R. STORACE, P. A., whose address is 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817.

ARTICLE III

MANAGEMENT

The Company shall be Manager - Managed.

IN WITNESS WHEREOF the undersigned, as Member hereby duly execute this Articles of Organization this 23rd day of MAY, 2003, and asserts that said Articles are being filed with the Secretary of State of Florida in accordance with Florida Statutes Sections 608.407 and 608.4081.


GLENN W. WILLIAMS, as Authorized Agent

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }

The foregoing instrument was acknowledged before me this 23rd day of MAY, 2003, by GLENN W. WILLIAMS, who is personally known to me or has produced PERSONALLY KNOWN as identification and who did not take an oath.


Notary

Printed Name: GLENDAM. BULNES
My Commission Expires: 4/26/06

456GByr03



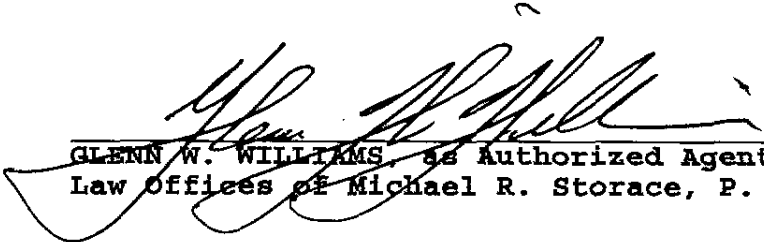
Glenda M. Bulnes
MY COMMISSION # DD105134 EXPIRES
April 24, 2006
BONDED THRU TROY FARM INSURANCE, INC.

CASTILE PROPERTIES, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

The undersigned having been named Registered Agent to accept service of process for the above stated **CASTILE PROPERTIES, LLC**, at the place designated in this Certificate, the undersigned **GLENN W. WILLIAMS**, as Authorized Agent of the Law Offices of Michael R. Storace, P. A., whose address is 9100 South Dadeland Boulevard, Suite 1607, Miami, Florida 33156-7817, does hereby accept to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: May 23, 2003.


GLENN W. WILLIAMS, as Authorized Agent of the
Law Offices of Michael R. Storace, P. A.