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Division of Corporations

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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 : MIDLAND ENTERPRISES, INC./PA ASSOCIATES
Account Number : I19990000034
Phone : (954) 565-7723
Fax Number : (954) 568-6771

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RECEIVED
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

North Palm Beach Development, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF

North Palm Beach Development, L.L.C.

ARTICLE ONE NAME

The name of the Limited Liability Company shall be North Palm Beach Development, L.L.C.


ARTICLE TWO PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Limited Liability company is: 5334 Sapphire Valley, Boca Raton Florida 33486

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are
Anson Klinger of 5334 Sapphire Valley, Boca Raton Florida 33486


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.


Signed Anson Klinger
Registered Agent's Signature

6/13/03
Dated

ARTICLE FOUR MANAGEMENT

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


Signed by member
or an authorized representative of a member
Anson Klinger

6/13/03
Dated

IN ACCORDANCE WITH Section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)


Printed name of signee Anson Klinger

6/13/03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED