

**LO3000024399**

Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954) 527-2428  
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**LIMITED LIABILITY COMPANY**

3440 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**LO3-24399**

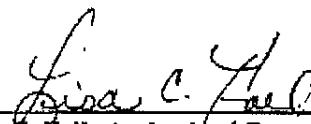
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**ARTICLES OF ORGANIZATION  
OF  
3440 LLC  
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is 3440 LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 3440 N.W. 25<sup>th</sup> Avenue, Pompano Beach, Florida 33069.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Lisa C. Fall, 3440 N.W. 25<sup>th</sup> Avenue, Pompano Beach, Florida 33069.

The undersigned has executed these Articles of Organization on the 26 day of June, 2003.

  
\_\_\_\_\_  
Lisa C. Fall, Authorized Representative

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TALLAHASSEE, FLORIDA

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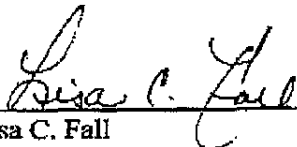
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: 3440 LLC.
2. The name and address of the registered agent and office are:

Lisa C. Fall  
3440 N.W. 25<sup>th</sup> Avenue  
Pompano Beach, Florida 33069

*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 its 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.*

  
\_\_\_\_\_  
Lisa C. Fall

Date: 6/26/03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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