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To:
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RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

edgewater, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Handwritten initials and date: 7-14-03

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ARTICLES OF ORGANIZATION

FOR

EDGEWATER, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

EDGEWATER, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the Company is: 701 Brickell Avenue, Suite 2050, Miami, Florida 33137.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

The Company is to be managed by manger(s) of the Company. The initial managers of the Company are:

The Intrepid Real Estate Company, LLC
701 Brickell Avenue, Suite 2050
Miami, Florida 33137

Signature of a member or an 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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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: **EDGEWATER, LLC**
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESQ.
NAME

Greenberg Traurig, P.A.
1221 Brickell Avenue, Suite 2100
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131
CITY, STATE AND ZIP

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

SECRETARY OF STATE
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