

L03000026138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

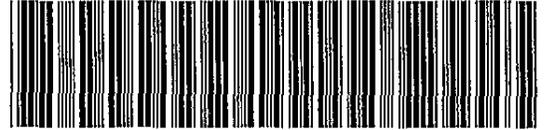
(Business Entity Name)

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STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 169708 4802844

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 125.00

03 JUL 17 PM 12:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 15, 2003

ORDER TIME : 9:51 AM

ORDER NO. : 169708-005

CUSTOMER NO: 4802844

CUSTOMER: Lenka Rosenberg, Paralegal
Neal Gerber & Eisenberg

Suite 2200
Two North Lasalle Street
Chicago, IL 60602

File List

DOMESTIC FILING

NAME: TAMARAC HIATUS MANAGEMENT, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tamarac Hiatus Management, LLC

ARTICLE II - Address:

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

17701 Biscayne Blvd., Suite 300, Aventura, Florida 33160

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

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

Corporation Service Company

 Name
 1201 Hays Street

 Florida street address (P.O. Box **NOT** acceptable)
 Tallahassee FL 32301

 City, State, and Zip

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 STATE OF FLORIDA
 TALLAHASSEE

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.

Corporation Service Company
 By Margaret Pike, Asst Secretary

 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Lenka Rosenberg

 Signature of a member or an authorized representative of a member.

(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.)

Lenka Rosenberg, Authorized Representative

 Typed or printed name of signee

- Filing Fees:**
 \$100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)