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ACCOUNT NO. : 072100000032

REFERENCE: 174461 5015487

AUTHORIZATION : D

COST LIMIT : \$ 185.00

ORDER DATE: July 18, 2003

ORDER TIME : 1:30 PM

ORDER NO. : 174461-005

CUSTOMER NO: 5015487

CUSTOMER: Ms. Linda P. Greer

White & Brown, P.a.

Suite 102

9000 Southwest 152 Street

Miami, FL 33157

DOMESTIC FILING

NAME: WILLIAMSON 102, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (2) CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION

# WILLIAMSON 102, LLC,

a Florida Limited Liability Company

#### ARTICLE L NAME.

The name of the Limited Liability Company is: WILLIAMSON 102, LLC

### ARTICLE II. ADDRESS.

The mailing address and street address of the principal office of the Limited Liability Company is 7815 SW 104th St., Miami, FL 33156.

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.

The name and Florida street address of the Registered Agent are:

B. Mackay Brown, Esq. c/o White & Brown, P.A. 9000 SW 152<sup>nd</sup> St., Ste. 102 Miami, FL 33157

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.

B. MACKAY BROWN

## ARTICLE IV. MANAGEMENT

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

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.

Executed this 18th day of July, 2003.

GEORGE E. WILLIAMSON, III

Manager/Authorized Representative