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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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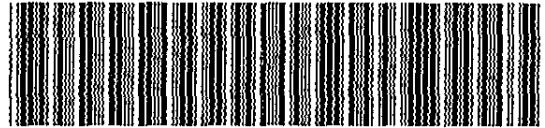
(Business Entity Name)

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**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

August 4, 2003

VIA FEDERAL EXPRESS!

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

SUBJECT: 8600 AQUA VISTA, L.L.C.

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

**PLEASE RETURN CERTIFIED COPY AND CERTIFICATE OF STATUS IN THE
FEDERAL EXPRESS ENVELOPE PROVIDED HEREWITH.**

\$100.00	Filing fee for Articles of Organization and Affidavit
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
<u>\$ 5.00</u>	Certificate of Status
\$160.00	

FROM: MERRILL A. BOOKSTEIN, COUNSELOR AT LAW, P.A.
Name (Printed or typed)

2499 Glades Road, Suite 308
Address

Boca Raton, Florida 33431
City, State and Zip

(561) 361-9454
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8600 Aqua Vista, L.L.C.

ARTICLE II - Address

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

1070 Shoreland Blvd.
Miami Shores, Florida 33138

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

Michael J. Maxwell
1070 Shoreland Blvd.
Miami Shores, Florida 33138

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.

Registered Agent's Signature

ARTICLE IV - Management: (Check Box if applicable)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Signature of a member of 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.)

Typed or printed name of signer

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)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA