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Certified Copies Certificates of Status			
Special Instructions to F	iling Officer		
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section

Division	of Corporations				
SUBJECT:	7001 OFFICE BUILDING	ILC			
(Name of Limited Liability Company)					
The enclosed Ar	ticles of Organization and fee((s) are submitted for filing.			
Please return all	correspondence concerning th	is matter to the following:			
I	LINDA F. MURPHY		a		
	(Name of Person)		No. W		
PRO	OJECT ADVISERS Co.		AND THE COLUMN		
	(Firm/Company)				
	7001 S.W. 61 Avenue	se r e e e e e e e e e e e e e e e e e e			
	(Address)				
Mi	iami, Fl. 33143	 -			
	(City/State and Zip Code)				
For further infor	mation concerning this matter,	, please call:			
Nich	olas J. Barbella	at (305) 266-5920			
1)	Name of Person)	(Area Code & Daytime Telephone Numb	per)		
STREET ADDI Registration Sec Division of Corp 409 E. Gaines St	tion porations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
Tallahassee, Flor		Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: 70	01 OFFICE BUILDING LIC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7001 S.W. 61 Avenue Miami. Fl. 33143	7001 S.W. 61 Avenue Miami, Fl. 33143
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature:
The name and the Florida street address of the register	ed agent are:
LINDA F. MURPHY	
Name	
7001 S.W. 61 Avenue	10 miles
Florida street address (P.O. Box N	OT acceptable)
Miami FI City, State, and Zip	33143

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.

Jurila J. Muryly Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Linda F. Murphy	
	7001 SW 61 Avenue Miami, Fl 33143	
		AND HE PAY 3: 02
		- 100 02 - 3.02
(Use attachment if necessary)		
NOTE: An additional article must be	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
Lu	ida F. Menyl	
Signature of a member	er or an authorized representative of a member.	
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)	
	DA F. MURPHY /ped 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)