L03000042107

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





900023884539

10/30/03--01022--004 **155.00

CECEIVED

M



.CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

90 Corp UC	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	BO BO BY
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Cian atuma	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: (1) 10(21)	UCC 1 or 3 File
- 10 DC	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
174 Fooder's Printing - Thomasville, CA 8/00	



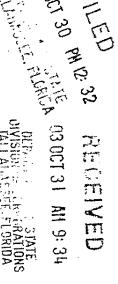
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 30, 2003

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: 90 CORP. LLC Ref. Number: W03000031837



We have received your document for 90 CORP. LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

A Florida LLC cannot use CORP., CORPORATION, INC., or INCORPORATED in its name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 203A00059193

RESUBNIT RESE OBTAIN THE ORIGINAL PLEASE OBTAIN THE ORIGINAL FILE DATE

ARTICLES OF ORGANIZATION

OF

90 LLC

OS OCT SO PARE 32

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of the limited liability company (the "Company") is 90 LLC.

ARTICLE II

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

ARTICLE III

The mailing address and street address of the Company's principal business office is:

5410 North Bay Road Miami Beach, FL 33140

ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

Registered Agent

Address of Registered Office

Harold L. Lewis

One Biscayne Tower, Suite 2400 2 South Biscayne Boulevard Miami, Florida 33131

ARTICLE V

The business of the Company shall be managed by one or more members. The Company shall be a member-managed Company.

ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this $2^{\frac{1}{2}}$ day of October, 2003.

Harold L. Lewis, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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.

g:\c|lents2\9999\|pa\forms\corporate malnienance\|limited |labilitycompanies\an. of crganization (member managed).doc