

Nov-13-2003 12:58 pm

From: RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

T-003

P.001/006

F-929

L030000044211

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000316628 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)764-4996

LIMITED LIABILITY COMPANY

Beacon Square Professional Campus, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

RECEIVED
03 NOV 13 PM 1:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 NOV 13 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

DB
113-DB

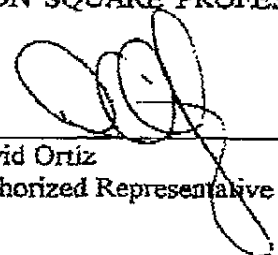
**ARTICLES OF ORGANIZATION
OF
BEACON SQUARE PROFESSIONAL CAMPUS, LLC
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is Beacon Square Professional Campus, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2400 N. Commerce Parkway, Suite 108, Weston, Florida 33326.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: David Ortiz, 2400 N. Commerce Parkway, Suite 108, Weston, FL 33326.

The undersigned has executed these Articles of Organization on the 13th day of November, 2003.

BEACON SQUARE PROFESSIONAL CAMPUS,
LLC

By: 
David Ortiz
Authorized Representative

03 NOV 13 PM 2:10
FILED
AT THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

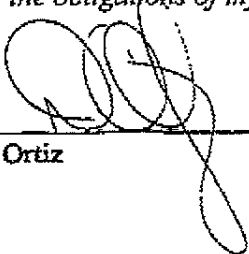
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Beacon Square Professional Campus, LLC.
2. The name and address of the registered agent and office is:

David Ortiz
2400 N. Commerce Parkway, Suite 108
Weston, Florida 33326

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 its 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.



David Ortiz

November 13, 2003
(Date)

APPROVED
AND
FILED
03 NOV 13 PM 2:10
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA