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ACCOUNT NO.: 072100000032 REFERENCE: 329601 4312177 COST LIMIT : \$ 125.00 ORDER DATE: November 19, 2003 ORDER TIME : 10:0 AM ORDER NO. : 329601-005 CUSTOMER NO: 4312177 CUSTOMER: Jason Northcutt, Esq Kavanagh Maloney & Osnato Llp 18th Floor 415 Madison Avenue New York, NY 10017-1136 DOMESTIC FILING NAME: AACON HOLDINGS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

CERTIFIED COPY
PLAIN STAMPED COPY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is: AACON HOLDINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
4000 SW 130th Avenue	4000 SW 130th Avenue	_
CD 153	 CD 153	_
Miramar, FL 33027	Miramar, FL 33027	_
		_

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

The name and the Florida street address of the registered agent are:

Corporation Service Company			
Name			
1201 Hays Street			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee FL 32301			
City, State, and Zip			

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..

Corporation Service Company
By:

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Maryjo Cadillac, c/o AACON, LLC
,	4000 SW 130th Avenue, CD 153
	Miramar, FL 33027
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(TI	
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
1012. An auditional at ticle mu	st be added it an encetive date is requested.
REQUIRED SIGNATURE:	
	}
/()	
Jan (man \
Signature of a me	mber or an authorized representative of a member.
(In accordance wit	h section 608.408(3), Florida Statutes, the execution
of this document c that the facts state	onstitutes an affirmation under the penalties of perjury
that the facts state	d Refelli are titue.)
Jason Northo	cutt, Authorized Representative
	Typed or printed name of signee
	Filing Fees:
	S100.00 Filing Fee for Articles of Organization
	\$ 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy (Optional)

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\$ 5.00 Certificate of Status (Optional)