2000 Department of State Division of Corporations

Electronic Filing Cover Sheet

Public Access System

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.

(((H03000329396 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

: NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number: 073222003555

Phone

: (561)686-3307

Fax Number

: (561)686-5442

new york

LIMITED LIABILITY COMPANY

Transeastern Strafford, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Retur to Geogra

RUD

ARTICLES OF ORGANIZATION

OF

TRANSEASTERN STRAFFORD, LLC

I, the undersigned authorized representative of the sole Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is:

TRANSEASTERN STRAFFORD, LLC

ARTICLE II ADDRESS

The mailing address of the principal office is:

3300 University Drive, Suite 001 Coral Springs, Florida 33065

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its sole Member and is, therefore, a member-managed company.

SECRETARY OF STAIL AND ANSSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

TRANSEASTERN STRAFFORD, LLC

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

Gary N. Gerson 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Gary N., Gerson, Registered Agent

SECRETARY OF STATE

H:\09ADMIN\GIP\NCS\TransStrafford\DArticles\OfOrgTransStrafford.GIP\gip

IN WITNESS WHEREOF, the undersigned authorized representative of the sole Member has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 4th day of December, 2003.

Gary N. Gerson, Authorized Representative of the

Members

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H03000329396 3