

**L030000553/2**

Florida Department of State

Division of Corporations

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## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## LIMITED LIABILITY COMPANY

## EXCALIBUR PARTNERS, L L C

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
OF  
EXCALIBUR PARTNERS, L L C

③

The undersigned incorporator/organizer to these Articles of Organization, a natural person competent to contract, does hereby form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

LIMITED LIABILITY COMPANY NAME

The name of the Limited Liability Company is EXCALIBUR PARTNERS, L L C

ARTICLE II

ADDRESS

The initial mailing and street address of the principal office of this Limited Liability Company is 16260 North Via Venetia, Delray Beach, Florida 33484.

ARTICLE III

REGISTERED OFFICE & REGISTERED AGENT

The name and street address of the Limited Liability Company's initial registered agent is Laurie Bolch Schrier, Esquire, Laurie Bolch, P.A., 562 East Woolbright Road, #217, Boynton Beach, Florida 33435.

ARTICLE IV

MANAGER-MANAGED COMPANY

The Limited Liability Company is to be managed by one or more managers, and therefore, a manager-based company.

Date: 12/22/03

Laurie Bolch Schrier, Esquire

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

IN COMPLIANCE WITH SECTION 608.407, FLORIDA STATUTES,  
FOLLOWING IS SUBMITTED:

FIRST- EXCALIBUR PARTNERS, L.L.C., DESIRING TO ORGANIZE (name  
of Limited Liability Company)

OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS

PRINCIPAL PLACE OF BUSINESS AS CITY OF DELRAY BEACH  
(city)

STATE OF FLORIDA, HAS NAMED LAURIE BOLCH SCHRIER, ESQUIRE,  
(state) (name of registered agent)

LOCATED AT 562 EAST WOOLBRIGHT ROAD, #217  
(street address) (post office boxes are not acceptable)

CITY OF BOYNTON BEACH, STATE OF FLORIDA, AS ITS AGENT TO

ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF THIS POSITION  
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 OF THE FLORIDA STATUTES.

SIGNATURE: [Signature]  
(REGISTERED AGENT)

DATE: 12/22/83

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