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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number: 076376001555 : (561)483-7000

: (561)218-8960 Fax Number

LIMITED LIABILITY COMPANY

VCG Properties V, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Fax Audit Number: H04000050422 3

ARTICLES OF ORGANIZATION

OF

VCG PROPERTIES V, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: VCG Properties V, LLC

EFFECTIVE DATE

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 1725 University Drive, Suite 450, Coral Springs, Florida 33071, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 1725 University Drive, Suite 450, Coral Springs, Florida 33071. The initial registered agent at that address is Jeffrey I. Sherrin.

ARTICLE IV

This limited liability company shall commence its existence as of the execution hereof on March 8, 2004 and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 8th day of March, 2004.

By:

Jefffey I. Sherrin, President

AFRIU

Jefffey I. Sherrin, President

AFRIU

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CERTIFICATE 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.

FIRST - The name of the limited liability company is VCG Properties V, LLC.

SECOND - The name and address of the registered agent and office is:

Jeffrey I. Sherrin 1725 University Drive Suite 450 Coral Springs, Florida 33071

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.

Dated this 8th day of March, 2004.

Jeffrey I/Sherrin, Registered Agent

#133857

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SECRETARY UF STATE
TALL AHASSEE, FLORIDA

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