

Division of Corporations

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To:

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Fax Number : (850)205-0383

From:

Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561)995-4751
Fax Number : (561)241-7145

LIMITED LIABILITY COMPANY

GLADES TWIN LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **GLADES TWIN LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **2424 North Federal Highway, Suite 159, Boca Raton, FL 33431**

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

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

**Richard Werber
2424 North Federal Highway
Suite 159
Boca Raton, FL 33431**

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.



Registered Agent's Signature



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard Werber

Typed or printed name of signer

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