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To:

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Fax Number : (850) 205-0383

From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363

Phone : (305) 374-5600

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**LIMITED LIABILITY COMPANY**

**PrimeVision Facilities of Cutler Cay LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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FAX AUDIT No. H04000060058

**ARTICLES OF ORGANIZATION  
FOR  
PRIMEVISION FACILITIES OF CUTLER CAY LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PrimeVision Facilities of Cutler Cay LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2685 Executive Park Drive, Suite 5, Weston, FL 33331.

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

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

Tod Workman

2685 Executive Park Drive, Suite 5

Weston, FL 33331

*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.*

  
\_\_\_\_\_  
Tod Workman

Signed and dated this 22<sup>nd</sup> of March, 2004.

  
\_\_\_\_\_  
Tod Workman  
Authorized representative of a member

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ARTICLE III  
AND  
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