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Fax Number

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From:

Occupe Name

: AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number

: 075471001363 : (305)374-5600

Phone Fax Number

: (305)374-5600 : (305)374-5095

### LIMITED LIABILITY COMPANY

PrimeVision Management of Cutler Cay LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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#### FAX AUDIT No. H04000060059

## ARTICLES OF ORGANIZATION FOR PRIMEVISION MANAGEMENT OF CUTLER CAY LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: PrimeVision Management 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>ad</sup> of March, 2004.

Tod Workman

Authorized representative of a member

**FAX AUDIT No. H04000060059** 

SECRETARY OF STATE TALLAHASSEE, FI OBIDA

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