

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000669273)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

tv 183 investors, lle

Certificate of Status	0 5. 5 die Anistrachenissensensensen
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

2/20/04 10:20 43/

P.61





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

TV 183 INVESTORS, LLC.

ARTICLE II:

The mailing address and street address of the principal office of the Limited Liability Company is:

2900 N.W. 7th Street Miami, Florida 33125

ARTICLE III

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

BRUCE M. CEASE 2900 N.W. 7th Street Miami, Florida 33125 04 MAR 30 PM 2: 24 3

Having been 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

Prepare By: BRUCE M. CEASE, ESQ. 2900 N.W. 7th Street Miami, Florida 33125

H04000001097

ESS.9 JATOT

H04000066927

ARTICLE IV:

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

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

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

BRUCE M. CEASE

Type or printed name of signee

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared <u>BRUCE M.</u> <u>CEASE</u> known to be the person described in and who executed the foregoing instrument, who acknowledged before me that <u>he</u> executed the same, and an coath was not taken. Said person provided the following type of identification: <u>FL. Solver's License.</u>

Witness my hand and official seal in the County and State last aforesald this 39 day of March, A.S., 2004.

Notary Rubber Stamp Seal:

NOTARY SIGNATURE

Camen J. Rebollar
Printed Notary Signature

CARMEN I, RESOLLAR MY COMMERCE FROM STREET

H04000066927