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Certified Copies Certificates of Status		
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CORPORATION SERVICE COMPANY ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE : April 13, 2004 ORDER TIME : 9:05 AM ORDER NO. : 565581-010 CUSTOMER NO: 10463A CUSTOMER: Ms. Larissa K. Lincoln Cohen Norris Scherer Weinberger & Wolmer Suite 400 712 U.s. Highway 1 North Palm Bch, FL 33408-7146 DOMESTIC FILING NAME: HAWKEYE DEVELOPMENT, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight - EXT. 2956

ARTICLES OF ORGANIZATION OF HAWKEYE DEVELOPMENT, LLC

The undersigned hereby forms and establishes a limited liability company pursua Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is HAWKEYE DEVELOPMENT, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the **DATE OF** FILING, of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 18516 Ocean Nest Dr., Boca Raton, FL 33498. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is FRED C. COHEN, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company. The initial manager will be Michael Wood, 18516 Ocean Mist Dr., Boca Raton, FL 33498.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

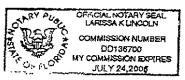
IN TESTIMONY WHEREOF, I have be reupto subscribed in April, 2004.

C. COHEN, Authorized Agent

For the Managing Member

STATE OF FLORIDA)
COUNTY OF PALM BEACH	
The foregoing instrument was FRED C. COHEN, who is person Driver's License Number not (X) take an oath.	as acknowledged before me this day of April, 2004, by hally known to me or who has produced Florida State ### April
Executed this Aday of A	pril, 2004.

Printed Name: LARISSA K. LINCOLD
My Commission Expires: My Commission Number:



CERTIFICATE DESIGNATING REGISTERED OFFICE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That HAWKEYE DEVELOPMENT, LLC, a Florida Limited liability company, with its office at 18516 Ocean Mist Dr., Boca Raton, Florida 33498, has named FRED C. COHEN, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

FRED C. COHEN, Registered Agent

STATE OF FLORIDA)	
COUNTY OF PALM BEACH)	
The foregoing instrument w	as acknow	ledged before me this \cancel{D} day of April, 2004 by
FRED C. COHEN, who is person	ally known	to me or who has produced Florida State Driver's
License Number	NIA	_ as identification and who did () or did not 💢
take an oath.		
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Executed this 22 day of A	ւթուլ 2004	$\cdot \longrightarrow + (// (// (// (// (// (// (// (// (// ($
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		Signature of Notary
		Printed Name: LARISTA K. LINCOLN
		Printed Name: LARISTA IC. EIN

My Commission Expires: My Commission Number:

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