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## SHAPIRO BLASI WASSERMAN, P.A.

Andrew B. Blasi Andrew M. Dector\* Daniel R. Levine\*\* Michael B. Shapiro Jeffrey P. Wasserman

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FAX (954) 989-8700

TREPLY TO HOLLYWOOD OFFICE

#### VIA FEDERAL EXPRESS

April 13, 2004

Florida Department of State Division of Corporations New Filings - Attention: Roseanne 409 East Gaines Street Tallahassee, Florida 32399

Re: Articles of Organization for Fifth Street Partners LLC

#### Dear Roseanne:

In connection with the above referenced matter, please find enclosed the original Articles of Organization For Florida Limited Liability Company which we are submitting for filing.

Kindly return the certified copy to our office in the enclosed self-addressed envelope. Thank for your attention to this matter. If you require anything further from this office, please do not hesitate to contact me.

Very truly yours,

Assistant to Andrew B. Blasi, Esq.

:na

**Enclosures** 

#### TRANSMITTAL LETTER

IRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Fifth Street Partners LLC (Name of Limited Liability Company)	_	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Andrew B. Blasi, Esq.		
(Name of Person)		
Shapiro, Blasi & Wasserman, P.A.		
(Firm/Company)	-	:
7777 Glades Road, Suite 110		
(Address)		· =
Boca Raton, Florida 33434		
(City/State and Zip Code)		
For further information concerning this matter, please call:	0	S. S.
Andrew B. Blasi, Esq. at ( 561 ) 477-7800	_ <del>_</del> =	J.C.
(Name of Person) (Area Code & Daytime Telephone Number)	- AP	: <del>2</del>

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 04 APR 14 PM 4: 19

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fifth Street Partners LLC	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7381 N.W. 115th Terrace	7381 N.W. 115th Terrace
Parkland, Florida 33076	Parkland, Florida 33076
ARTICLE III - Registered Agent, Registered Control The name and the Florida street address of the reg	istered agent are:
Shapiro, Blasi & Wa	asserman, P.A.
Name 7777 Glades Road,	_
Florida street address (P.O. I Boca Raton	Box NOT acceptable)
City, State, and	FLORIDA

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, Florida Statutes..

Registered Agent's Signature

AND B. Blasi V.P.

Page 1 of 2 (CONTINUED)

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	John A. Bellavia		
	7381 N.W. 115th Terrace		
	Parkland, Florida 33076		
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(Use attachment if necessary)		04 APR 14	SECRETA
NOTE: An additional article must	be added if an effective date is requested.	PH 4:	FILED IRY OF ST
REQUIRED SIGNATURE:		19	A A
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Signature of a member or a	n authorized representative of a member.		z · *
(In accordance with section of this document constitutes that the facts stated herein at	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury true.)		
John A. Be	•		
Typed o	r printed name of signee		

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)