

MAY. 6. 2004 1:34 PM
Division of Corporations

L04000034851

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

LIMITED LIABILITY COMPANY

PBMT LEASING LLC

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

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J. BRYAN MAY - 7 2004

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 MAY -6 PM 2:23
DIVISION OF CORPORATION

Fax Audit No H04000099848

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: PBMT LEASING LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 1501 FLORIDA MANGO BLVD., WEST PALM BEACH, FLORIDA 33406.

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

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

DAVID H. BAKER

Name

321 ROYAL POINCIANA PLAZA, SOUTH

Florida street address (P.O. Box NOT acceptable)

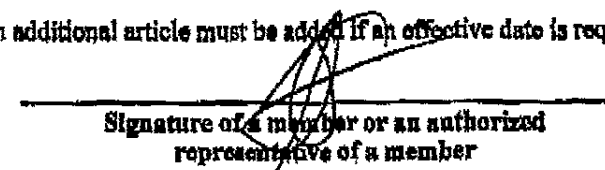
PALM BEACH, FL 33480-0431

City, State, and Zip

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 completed 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.


DAVID H. BAKER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized
representative of a member

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

JOHN T. SEFTON, authorized representative
Typed or 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)

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TALLAHASSEE, FLORIDA