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To:

Division of Corporations

ax Number ____ (850)205-038

From:

ACCOUNT Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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VISION OF CORPORATION

LIMITED LIABILITY COMPANY

BISCAYNE SHOPS, LLC

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

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J. BRYAN MAY 1 9 2004

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ARTICLES OF ORGANIZATION OF BISCAYNE SHOPS, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: Biscayne Shops, LLC

ARTICLE II: - Address

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

9551 East Bay Harbor Drive Bay Harbor Islands, Florida 33154

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent and registered office are:

American Information Services, Inc. One Southeast Third Avenue, 28th FL Miami, Florida 33131

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.

American Information Services, Inc.

Mery C. Toledo, Assistant Secretary

Registered Agent

Signed and dated this _______

day of May, 2004.

Authorized Representative of a Member