L04000042469

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CORPORATION SERVICE COMPARY ACCOUNT NO. : 072100000032 REFERENCE: 724613 4802844 AUTHORIZATION : \$ 125.00 COST LIMIT : ORDER DATE: June 7, 2004 ORDER TIME : 2:23 PM ORDER NO. : 724613-005 CUSTOMER NO: 4802844 CUSTOMER: Karen Mcelligatt Neal Gerber & Eisenberg Llp Suite 2200 Two North Lasalle Street Chicago, IL 60602 DOMESTIC FILING NAME: JODY LTD LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 8, 2004

DARLENE WARD CSC TALLAHASSEE, FL

SUBJECT: JODY LTD LLC Ref. Number: W04000021922

Please give original submission date as file date.

We have received your document for JODY LTD LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Florida LLC's cannot use "LTD LLC" as a suffix.

You may use "LTD. CO." or just "LLC.",

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 004A00038779

Pls. give Original stubmission date-lelilay as file date, if possible.
Thanks, Buk.
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company is:

JODY LLC

ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
17701 Biscayne Blvd.	17701 Biscayne Blvd.
Suite 300	Suite 300
Aventura, FL 33160	Aventura, FL 33160

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

N	ame
1201 Hays Street	
l'Iorida street address	(P.O. Box NOT acceptable)
Tallahassee	FLORIDA 32301
City, St	ato, 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 complete performance of my thities, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

<u>Tifle:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mcmber	
мдг	Joel L. Edelstein
	17701 Biscayne Blvd., Suite 300
	Aventura, FL 33160
•	
VI Will Alexande	
(Use attachment if necessary)	
(

ARTICIAL IV- Manager(s) or Managing Member(s):

REQUIRED SIGNATURE:

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)

Page 2 of 2

Kaun m. McElligut

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 penaltics of perfury

Typed or printed name of signee

that the facts stated herein are true.) By: Karen M. McElligatt