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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0150.28429

LIMITED LIABILITY COMPANY

8 CENTURY ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
8 CENTURY ASSOCIATES, LLC**

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

8 CENTURY ASSOCIATES, LLC

ARTICLE II. - ADDRESS

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

c/o Greenfield Partners, LLC

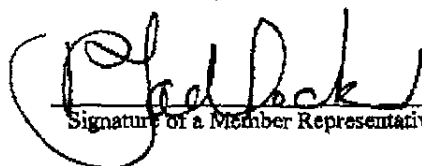
50 N. Water Street

S. Norwalk, CT 06854

ARTICLE III. - MANAGEMENT

The Company shall be a member-managed limited company, and its manager or managers shall be appointed and serve in the manner provided in the Company's operating agreement.

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



Signature of a Member Representative or Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **8 CENTURY ASSOCIATES, LLC**
2. The name and the Florida street address of the registered agent are:

CORPDIRECT AGENTS, INC.
103 North Meridian Street
Lower Level
Tallahassee, FL 32301

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.

By: 
CORPDIRECT AGENTS, INC.

PRINT NAME: Patricia Tadlock

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