

Division of Corporations

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To:

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From:

*Angelica M. Chirn*  
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**PRIMEVISION FACILITIES MANAGEMENT OF CUTLER CAY LLC**

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Estimated Charge	\$155.00

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FAX AUDIT No. H04000169870

**ARTICLES OF ORGANIZATION  
FOR  
PRIMEVISION FACILITIES MANAGEMENT OF CUTLER CAY LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PrimeVision Facilities Management of Cutler Cay LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 2685 Executive Park Drive, Suite 5, Weston, FL 33331.

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

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

Tod Workman

2685 Executive Park Drive, Suite 5

Weston, FL 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.*

  
Tod Workman

Signed and dated this 18th of August, 2004.

  
Tod Workman  
Authorized representative of a member

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