

W0460006674
Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CS 66 INVESTORS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W04-66747
JR

③

WIDU0000181014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

CS 66 INVESTORS, LLC.

ARTICLE II:

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

**2900 N.W. 7th Street
Miami, Florida 33125**

ARTICLE III:

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

**Michael S. Cease
2900 N.W. 7th Street
Miami, Florida 33125**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been 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.



REGISTERED AGENT'S SIGNATURE

Prepare By:
MICHAEL S. CEASE, ESQ.
2900 N.W. 7th Street
Miami, Florida 33125

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ARTICLE IV:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


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.)

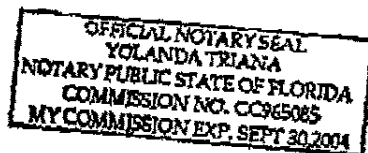
MICHAEL S. CEASE
Type or printed name of signee

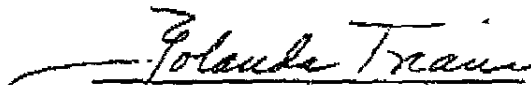
STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT JAY LIBERMAN known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: Driver's License.

Witness my hand and official seal in the County and State last aforesaid this 31st day of August, A.S., 2004.

Notary Rubber Stamp Seal:




NOTARY SIGNATURE
YOLANDA TRIANA
Printed Notary Signature

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