Florida Department of State

Division of Corporations Public Access System

2004 SEP 17 P 12: 29

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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Division of Corporations

Fax Number

_: (850)205-0383

Account Name

: NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number: 073222003555

: (561) 686-3307 Phone

Fax Number .. : (561)686-5442

LIMITED LIABILITY COMPANY

Transeastern Olympia Pointe, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATIONSEP 17 P 12: 29

OF

SECRETARY OF STATE TALLAMASSEE, FLORIDA

TRANSEASTERN OLYMPIA POINTE, LLC

I, the undersigned authorized representative of the Members, hereby makes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE !

The name of this Limited Liability Company is:

Transcastern Olympia Pointe, LLC

ARTICLE II ADDRESS

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

3300 University Drive Suite I Coral Springs, FL 33065

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

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<u>ARTICLE V</u>

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ADMISSION OF ADDITIONAL MEMBERS ECRETARY OF STATE TALLAHASSEE, FLORIDA

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 15th day of September, 2004.

Gary N. Gerson, Authorized Representative of the

Mombers

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 17 P 12: 29

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.569 FT TORY OF STATELIES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE TOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Transeastern Olympia Pointe, LLC

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

Gary N. Gerson 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Gary N. Gerson, Registered Agent