

L 04000088372

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000241337 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
2004 DEC -7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 DEC -7 PM 2:11
DIVISION OF CORPORATION

12/05/04

LIMITED LIABILITY COMPANY

820 agr, llc

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

30

3

H04000241337

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

820 AGR, LLC

ARTICLE I

The name of the Limited Liability Company shall: 820 AGR, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 820 ARTHUR GODFREY ROAD, MIAMI BEACH, FL 33140.

ARTICLE IV

The name and the Florida street address of the registered agent are: MICHAEL SIMKINS, 1 SE 3RD AVENUE, 28TH FLOOR, MIAMI, FL 33133

FILED
2004 DEC -7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000241337

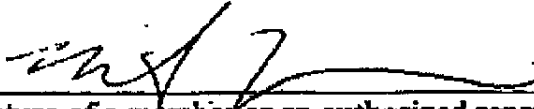
HOUD00241337

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

820 AGR, LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Michael Simkins
Registered Agent



Signature of a member or an authorized representative of a member.

FILED
2004 DEC -7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Robert Garner
Typed or printed name of signer

HOUD00241337