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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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04 DEC 20 PM 12:07

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CONCORDE DEVELOPMENT, LLC

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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONCORDE DEVELOPMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1451 W. Cypress Creek Rd Suite 300

SAME

Ft. Lauderdale, Fl 33309

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

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

LAMONT HUMBER

Name

5161 NW 45 Ave

Florida street address (P.O. Box NOT acceptable)

Coconut Creek, FLORIDA 33077

City, State, and Zip

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, Florida Statutes..


Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

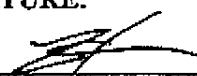
Name and Address:

<u>MGRM</u>	<u>Lamont Humber</u>
	<u>5161 NW 45 Ave</u>
	<u>Coconut Creek, FL 33077</u>
<u>MEMBER</u>	<u>Christopher Bonde</u>
	<u>15336 SW 69 Lane</u>
	<u>Miami, FL 33193</u>
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<u> </u>	<u> </u>
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



 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.)

Lamont Humber 12/13/04

 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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