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

From: Account Name : JOSEPH M. BALOCCO, P.A.  
Account Number : I20000000147  
Phone : (954) 764-0005  
Fax Number : (954) 764-1478

**LIMITED LIABILITY COMPANY**

**Matecumbe Vero Level 2, LLC**

Certificate of Status	1
Certified Copy	1
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DIVISION OF CORPORATION

**ARTICLES OF ORGANIZATION  
OF  
MATECUMBE VERO LEVEL 2, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: Matecumbe Vero Level 2, LLC

**ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is 2455 East Sunrise Boulevard, Suite AR1, Fort Lauderdale, FL 33304.

**ARTICLE III - DURATION:**

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

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) address(es) of the managing member(s) is/are:

<u>Name</u>	<u>Address</u>
Steven Santolla	2455 East Sunrise Boulevard Suite AR1 Fort Lauderdale, FL 33304
Thomas Lihan	2455 East Sunrise Boulevard Suite AR1 Fort Lauderdale, FL 33304

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

**ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 26<sup>th</sup> day of January, 2005.



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steven Santolla

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Matecumbe Vero Level 2, LLC
2. The name and the Florida street address of the registered agent are:

Steven Santolla

Name

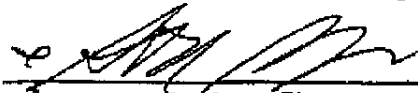
2455 East Sunrise Boulevard, Suite ARL

Florida Street Address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33304

City, State and Zip Code

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.



Signature

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