

LD5000024125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

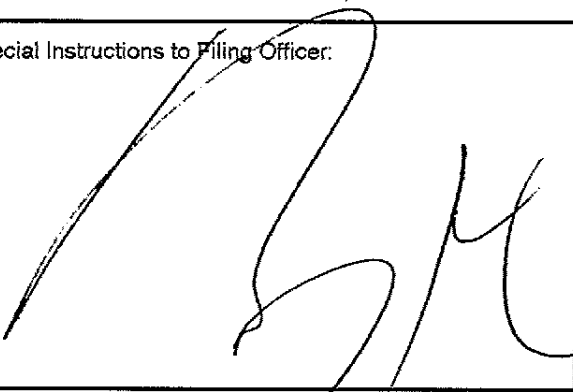
PICK-UP WAIT MAIL

(Business Entity Name)

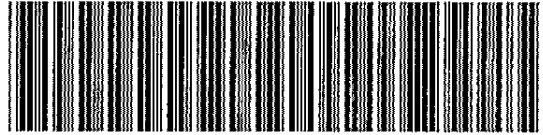
(Document Number)

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FILED
RECEIVED
05 MAR -9 AM 10:00
05 MAR -9 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 248076 4810371

AUTHORIZATION :

Patricia Piguet

COST LIMIT : \$ 155.00

FILED
05 MAR -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 9, 2005

ORDER TIME : 3:01 PM

ORDER NO. : 248076-005

CUSTOMER NO: 4810371

CUSTOMER: Theresa Cooke
Klehr, Harrison, Harvey,
Branzberg & Ellers Llp
260 South Broad Street

Philadelphia, PA 19102

DOMESTIC FILING

NAME: 6393 NORTH OCEAN, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
MARCH - 9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

6393 NORTH OCEAN, 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:

979 DALE ROAD
MEADOWBROOK, PA 19046

979 DALE ROAD
MEADOWBROOK, PA 19046

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

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

CORPORATION SERVICE COMPANY

Name

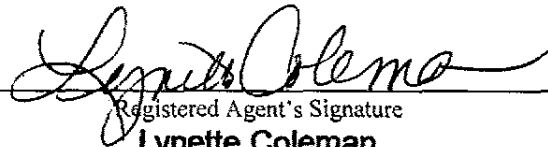
1201 HAYS STREET

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

TALLAHASSEE FL 32301

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, F.S..



Registered Agent's Signature

Lynette Coleman
as its agent

(CONTINUED)

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:

MGRM

JARRED YARON

979 DALE ROAD

MEADOWBROOK, PA 19046

MGRM

DAVID MARVISI

100 S POINTE DRIVE #707

MIAMI BEACH, FL 33139

(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.)

LYNETTE COLEMAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of 6393 North Ocean, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 9th day of March, 2005.

Theresa M. Cooke
Signature

THERESSA M. COOKE
Print Name of Signer

WITNESS:
Eileen Mohan
Signature

EILEEN MOHAN
Print Name of Witness

WITNESS:
Vivian Luckiewicz
Signature

VIVIAN LUCKIEWICZ
Print Name of Witness