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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

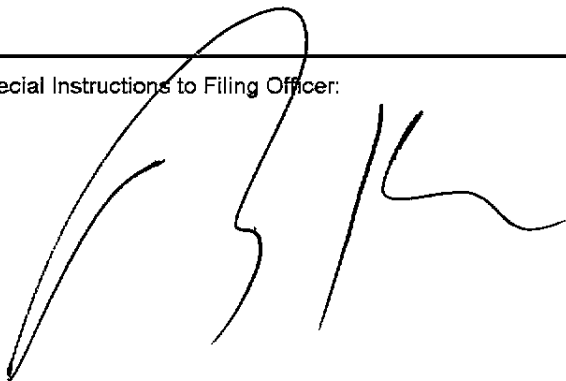
PICK-UP  WAIT  MAIL

(Business Entity Name)

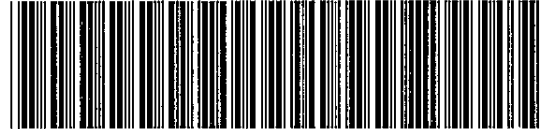
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 267154 4322384

AUTHORIZATION :

*Patricia Pajuts*

COST LIMIT : \$ 155.00

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05 MAR 21 PM 2:22  
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TALLAHASSEE, FLORIDA

ORDER DATE : March 18, 2005

ORDER TIME : 4:08 PM

ORDER NO. : 267154-005

CUSTOMER NO: 4322384

CUSTOMER: Ms. Barbara Frayle  
Weil Gotshal & Manges LLP  
Suite 1200  
1395 Brickell Avenue  
Miami, FL 33131

DOMESTIC FILING

NAME: WINDSOR CAPITAL LAUREL LLC

EFFECTIVE DATE:

- \_\_\_\_\_ ARTICLES OF INCORPORATION
- \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP
- XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX \_\_\_\_\_ CERTIFIED COPY
- \_\_\_\_\_ PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 2916

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WINDSOR CAPITAL LAUREL LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1441 Brickell Avenue, Suite 1001

Miami, Florida 33131

Attention: Roland DiGasbarro

**Mailing Address:**

1441 Brickell Avenue, Suite 1001

Miami, Florida 33131

Attention: Roland DiGasbarro

**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 (CSC)  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FLORIDA 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, Florida Statutes..*

**Brian Courtney  
Asst. V. Pres.**

Registered Agent's Signature

**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

Roland DiGasbarro

1441 Brickell Avenue, Suite 1001

Miami, FL 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

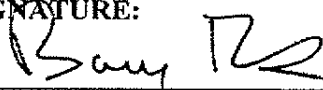
\_\_\_\_\_

\_\_\_\_\_

(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.)

Barry Frank, authorized signatory

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)