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From;

Account Name : KOEPPEL, GOTTLIEB, MESCHES, HERZFELD &

Account Number : 104447002647 Phone : (561)659-4020 Fax Number : (561)659-4438 NECEIVED 05 MAR 25 AM 9: 35 (IS!ONEDF CORPORATION

# LIMITED LIABILITY COMPANY

Trump Office Center, LLC

Certificate of Status	0
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H05000073718 3

ARTICLES OF ORGANIZATION of TRUMP OFFICE CENTER, LLC

#### ARTICLE I - NAME

The name of the Limited Liability Company is: TRUMP OFFICE CENTER, LLC.

### ARTICLE II -ADDRESS

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

525 South Flagler Drive, Suite 200 West Palm Beach, FL 33401

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE and REGISTERED AGENT'S SIGNATURE

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

Joel P. Koeppel 525 South Flagler Drive, Suite 200 West Palm Beach, Florida 33401

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.

Joel P. Koewel, Registered Agent

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H05000073718 3

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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.)

Joel P. Koeppel
Typed or printed name of signee

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