

APR-06-05 4:09 From: AKERMAN, SENTERFITT

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Division of Corporations

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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: Esther Forbes, Paralegal  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

Filing Officer:

Please file the attached articles of organization with today's date (4/6/05).

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

VO V PURDY LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
VO V PURDY LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **VO V PURDY LLC**

**ARTICLE II: - Address**

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

**1000 South Pointe Drive  
#3602  
Miami Beach, Florida 33139**

**ARTICLE III: - Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**H. Allan Shore  
One S.E. Third Avenue  
Suite 2800  
Miami, Florida 33131**

*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.*

  
\_\_\_\_\_  
H. Allan Shore, Registered Agent

**ARTICLE IV: - Management**

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

  
\_\_\_\_\_  
H. Allan Shore, Authorized Representative

(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.)

**H. Allan Shore**  
\_\_\_\_\_  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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