

APR-19-2005 04:44  
Division of Corporations

CAMNER, LIPSITZ AND POLLER

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LO5000038365

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION  
Account Number : 075410001634  
Phone : (305) 442-4994  
Fax Number : (305) 442-2389

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## LIMITED LIABILITY COMPANY

TERSTE, LLC

Certificate of Status	1
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4/18/2005

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**ARTICLES OF ORGANIZATION  
OF  
TERSTE, LLC**

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

- I. The name of the limited liability company:

**TERSTE, LLC (the "Company")**

- II. The period of its duration:

Perpetual effective from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida.

- III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

- IV. A. The mailing address of the principal place of business in Florida:

550 Biltmore Way, Suite 700  
Coral Gables, FL 33134

- B. The name and address of the Company's initial Registered Agent:

Neale J. Poller  
550 Biltmore Way - Suite 700  
Coral Gables, Florida 33134

- V. The total amount of cash contributed is:

\$ 500.00

- VI. Additional contributions shall be made at such times and in such amounts as may be unanimously agreed by the Members as provided in the Operating Agreement of the Company.

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The undersigned, a member of the Company, for the purpose of forming a liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.

Stefanie Giese  
Stefanie Giese

The undersigned hereby accepts the foregoing designation as initial Registered Agent, is familiar with, accepts and agrees to comply with the provision of law applicable to such designation.

Neale J. Poller  
Neale J. Poller

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

April The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of April, 2005 by Neale J. Poller. He is personally known to me or has produced N/A as identification.

My Commission Expires:

Marilee L. Davis  
Notary Public  
Print Name: \_\_\_\_\_  
Commission No \_\_\_\_\_

\\DEPTSLT\St. Clair, Keith\TERSTE, LLC\Articles.Organization.wpd



MARILEE L. DAVIS  
MY COMMISSION # DD 288888  
EXPIRES: March 8, 2008  
Provided True Budget Notary Services

SECRETARY OF STATE  
ALLAH SSEE, FLORIDA

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