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From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number: I20040000083 Phone : (954)474-8000

Fax Number

: (954)474-9850

LIMITED LIABILITY COMPANY

410 Flagler, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF 410 FLAGLER, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I NAME

The name of this limited liability company is:

410 Flagler, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

425 N. Andrews Avenue, #2 Fort Lauderdale, Florida 33301

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Steven C. Elkin, Esq. Frank, Weinberg & Black, P.L. 7805 S.W. 6th Court Plantation, FL 33324

Propared By:

Steven C. Elkin, Esq. Bar No. 712566 Frank, Weinberg & Black, P L. 7805 S.W. & Cour. Plantation, FL 33324 (954) 474-8000

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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

ARTICLE IV MANAGEMENT

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

Steven C. Elkin, Authorized Representative of the Members

Typed or printed name of signee

ature of a member or an authorized representative of a member.

(In accordance with Section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE