

L 05000052947

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000132493 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHESTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954)527-2428  
Fax Number : (954)764-4996

RECEIVED

05 MAY 26 AM 11:56

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Bocra Management LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 26 AM 10:59

FILED

LC 05/27/05

Electronic Filing Menu

Corporate Filing

Public Access Help

H050001324933

ARTICLES OF ORGANIZATION  
OF  
BOCRA MANAGEMENT LLC  
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the limited liability company is BOCRA MANAGEMENT LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 6400 Congress Ave., Boca Raton, Florida 33487.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: NRAI Services, Inc. at 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.
4. MANAGEMENT. The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company.

The undersigned has executed these Articles of Organization on the 25 day of May, 2005.

By: [Signature]  
Ilyne Mendelson, Authorized Person

FILED  
05 MAY 26 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H050001324933

*Ho 5000 1324 933*

**CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BOCRA MANAGEMENT LLC.
2. The name and address of the registered agent and office are:

NRAI Services, Inc.  
 2731 Executive Park Drive, Suite 4  
 Weston, Florida 33331

*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 its 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.*

*Lita Singleton*  
 NRAI Services, Inc., Registered Agent

Date: 5/25/05

FILED  
 05 MAY 26 AM 10:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*HO5 000 1324 933*