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**To:**

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**From:**

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**  
*Oliver Hoffman*  
**ASCOT COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**  
**OF**  
**ASCOT OLIVER HOFFMAN, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

Ascot Oliver Hoffman, LLC

**ARTICLE II**  
**ADDRESS**

The street address and mailing address of the principal office is:

140 N.E. 4<sup>th</sup> Avenue  
Suite A  
Delray Beach, FL 33483

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**MANAGEMENT**


The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

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**ARTICLE V**  
**ADMISSION OF ADDITIONAL MEMBERS**

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 26th day of May, 2005.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the  
Members

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

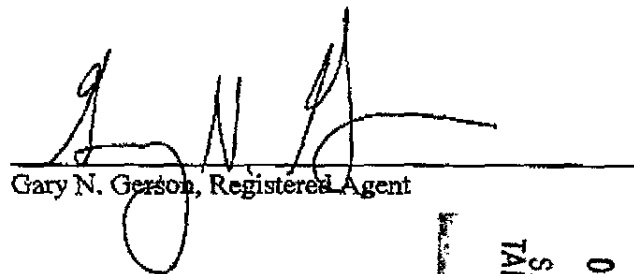
1. The name of the Limited Liability Company is:

Ascot Oliver Hoffman, LLC

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

Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*



Gary N. Gerson, Registered Agent

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