

MAY-31-03 5:44 From:

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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

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

Dear Filing Officer:

Please file the attached Articles of Organization with today's date (5/31/2005). Thank you.

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

HABARI GANI HOGAN, LLC

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

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION
OF
HABARI GANI HOGAN, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **HABARI GANI HOGAN, LLC**

ARTICLE II: - Address

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


**7507 Ponce de Leon Road
Miami, Florida 33143**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**American Information Services, Inc.
One S.E. Third Avenue, 28th Floor
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.

By 
Rosa Wong, Assistant Secretary
Registered Agent's Signature

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ARTICLE IV: - Management

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

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ARTICLE V: - Manager(s) or Managing Member(s):
The name and address of each Member is as follows:

MGR

Desmond K. Howard
7507 Ponce de Leon Road
Miami, Florida 33143

By: 
Julie A.S. Williamson, Authorized Signer

(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.)

Julie A.S. Williamson
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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