

#54

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(Requestor's Name)

(Address)

(Address)

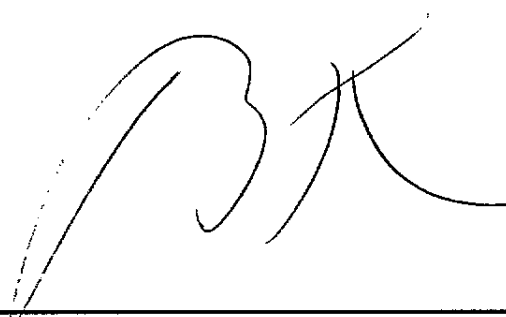
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

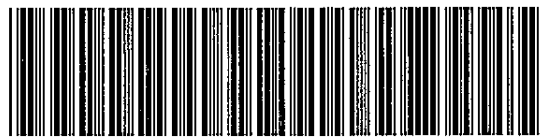
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 JUN -7 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 JUN -7 PM 2:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 413789, 4304756

AUTHORIZATION :

*Patricia Piquito*

COST LIMIT : \$ 125.00

FILED  
05 JUN - 7 PM 5:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 7, 2005

ORDER TIME : 2:0 PM

ORDER NO. : 413789-005

CUSTOMER NO: 4304756

CUSTOMER: Mr. Robert Porcelli  
Bingham Mccutchen Llp

150 Federal Street

Boston, MA 02110

DOMESTIC FILING

NAME: CHARLOTTE ADMINISTRATION LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

05 JUN 27 PM 5:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Charlotte Administration LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

c/o The Finch Group, 1801 Clint Moore Road  
Suite 210  
Boca Raton, FL 33487

Same

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

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

Robert A. James, Jr.

Name

c/o The Finch Group, 1801 Clint Moore Road, Suite 210

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33487

FL

City, State, and Zip

*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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Robert A. James, Jr., c/o The Finch Group

1801 Clint Moore Road, Suite 210

Boca Raton, FL 33487

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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

(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.)

Robert A. James, Jr.

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**