

# L05000060798

Division of Corporations

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**Florida Department of State  
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**From:**

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
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**LIMITED LIABILITY COMPANY**

**Tradition Merger LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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| Estimated Charge      | \$155.00 |

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FLORIDA DEPARTMENT OF STATE

Glanda E. Hood  
Secretary of State

June 17, 2005

RUDEN MCCLOSKEY

SUBJECT: TRADITION MERGER LLC  
REF: W05000029926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The Registered Agent page part of the name was missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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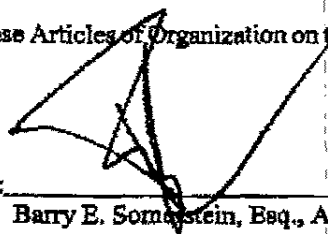
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**ARTICLES OF ORGANIZATION  
OF  
TRADITION MERGER LLC  
a Florida Limited Liability Company**

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 **TRADITION MERGER LLC** (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: 1750 East Sunrise Blvd., Fort Lauderdale, Florida 33304.
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, is: CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 16<sup>th</sup> day of June, 2005.

By:   
Barry E. Somenstein, Esq., Authorized Representative

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**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: TRADITION MERGER LLC.
2. The name and address of the registered agent and office is:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

*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.*

*Carlene A. Burke*  
CT Corporation System, Registered Agent  
KARLA A. BURKE  
SPECIAL ASSISTANT SECRETARY

6/16/05  
Date

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