# Florida Department of State

Division of Corporations Public Access System

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

Account Name : FIELDSTONE LESTER SHEAR & DENBERG Account Number: I19990000180 : (305)357-5775 Phone Fax Number

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## LIMITED LIABILITY COMPANY

### BRAY & GILLESPIE XXIII LLC

Certificate of Status	0
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M. Thomas AUG 1 5 2005



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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAY & GILLESPIE XXIII, LLC

#### ARTICLE II - Address:

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

800 Brickell Avenue, Ste. 1270 Miami, Florida 33131

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign sture:

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

MICHAEL A. ROSEN

800 Brickell Avenue, Suite 1270 Florida street address (P.O. Box NOT acceptable)

Miami, FL 33131 City, State, and Zrp

Having been named as registered agent and to accept vervice of process for the above stated limited it ability company to 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 508, F.S.

red Aremi's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested

Signature of a member of 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.)

MICHAEL A. ROSEN, Authorized Representative

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