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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-122903
qr

STEVEN D. LOSNER, P.A.

Law Office
65 N.W. 16th Street
Homestead, Florida 33030

STEVEN D. LOSNER

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(305) 247-9000 facsimile
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December 23, 2005

Via Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

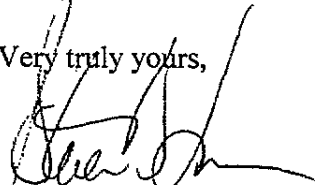
RE: Articles of LLC, Homestead Flagler, LLC

To Whom It May Concern:

Enclosed please find the original and copy of Articles of LLC for Homestead Flagler, LLC together with our firm check in the amount of \$125.00 which amount represents the filing fee.

Thank you for prompt attention to this matter.

Very truly yours,



Steven D. Losner

SDL/bb
Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Homestead Flagler, LLC

ARTICLE II - Address:

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

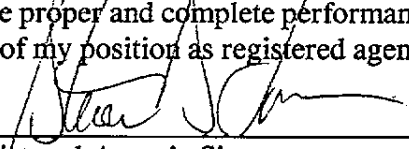
47 North Krome Avenue, Homestead, Florida 33030

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

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

**Steven D. Losner
65 NW 16th Street
Homestead, Florida 33030**

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

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 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).

STEVEN D. LOSNER, Authorized Representative

FILED
2005 DEC 22
TALLAHASSEE
FLORIDA
SECRETARY OF STATE