

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : TURNBERRY ASSOCIATES

Account Number : I19990000201

Phone : (305)933-5505

Fax Number : (305)933-5535

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Turnberry BH, LLC**

Certificate of Status	1
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DB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TURNBERRY BH, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**

19501 Biscayne Boulevard, Suite 400

19501 Biscayne Boulevard, Suite 400

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mario A. Romine

Name

19501 Biscayne Boulevard, Suite 400

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

Aventura, FL 33180

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..

Mario A. Romine

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE AND
FINANCIAL SERVICES

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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:MGRMJeffrey Soffer19501 Biscayne Boulevard, Suite 400Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Mario A. Romine

Typed or printed name of signer

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)**2006 FEB 10 AM 9:50
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

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