L06000045698

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000123089 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
06 MAY -2 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
06 MAY -2 PM 4:12
DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

3200 gifford lane llc

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	**$160.00**

Electronic Filing Menu Corporate Filing Menu Help

H06000123089

(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
06 MAY -2 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

3200 GIFFORD LANE 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:
P. O. BOX 11536 APO	P. O.BOX 11536 APO
Grand Cayman	Grand Cayman
Cayman Islands	Cayman Islands

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

David Owen Jones
Name

855 NW 165th Avenue
Florida street address (P.O. Box NOT acceptable)

Pembroke Pines FLORIDA 33028
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, Florida Statutes.

x _____
Registered Agent's Signature

David Owen Jones

H06000123089

H06000123089

FILED
06 MAY -2 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	David Owen Jones P. O. Box 11536 APO Grand Cayman Cayman Islands

(Use attachment if necessary)

Article V The effective date of these articles of Organization shall be May 8, 2006

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

REQUIRED SIGNATURE:

X _____
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.)

David Owen Jones
Typed or printed name of signee

H06000123089