## L06000054619

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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ACCOUNT NO. : 072100000032

REFERENCE: 138083 7496

AUTHORIZATION: Openition

COST LIMIT : \$ 155.00

ORDER DATE : May 26, 2006

ORDER TIME : 2:10 PM

ORDER NO. : 138083-005

CUSTOMER NO: 7496317

DOMESTIC FILING

NAME: 280 STOKES AVENUE, LLC ...

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

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DEPARTMENT OF STATE

DIVISION DESCRIPTION

)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is  | ::  |
|---|---|
| 280 Stokes Avenue, LLC  |   |
| (Must end with the words 'Limited Liability Company, "Limited Liability Company,"   | ted Company" or their abbreviation "LLC," or "L.C.,")   |
| ARTICLE II - Address:   |   |
| The mailing address and street address of the p   | rincipal office of the Limited Liability Company is:  |
| Principal Office Address:   | Mailing Address:  |
| 1321 Biarritz Drive   | 1321 Biarritz Drive   |
| Miami, FL 33141   | Miami, FL 33141   |
|   |   |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the | registered agent are:   |
| David B. Schatz   | mg 3  |
| Name  | WOF STATE   |
| 848 Brickell Avenue, Suite 800  | 2 2   |
| Florida street ac   | dress (P.O. Box NOT acceptable)   |
| Miami   | FL 33131  |
| City, State,  | and Zip   |
| liability company at the place designated in  | accept service of process for the above stated limited this certificate, I hereby accept the appointment as |

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title;</u><br>"MGR" = Manager<br>"MGRM" = Managing Men  | Name and Address:  |
|--|--|
| MGRM   | Anthony Moretti  |
|  | 1321 Biarritz Drive  |
|  | Miami Beach, FL 33141  |
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|  | r than the date of filing: (OPTION e must be specific and cannot be more than five business day.)  |
| LE V: Effective date, if othe fective date is listed, the dat days after the date of filing.  REQUIRED SIGNATURE   | r than the date of filing: (OPTION to must be specific and cannot be more than five business day.) |
| LE V: Effective date, if othe fective date is listed, the dat days after the date of filing.  REQUIRED SIGNATURE  Signature of this document of this document is seen to be a seen the date. | r than the date of filing: (OPTION e must be specific and cannot be more than five business dec.)  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)