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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Oceanview Managers, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**

**OF**

**OCEANVIEW MANAGERS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is Oceanview Managers, LLC (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 2000 North Ocean Boulevard, Fort Lauderdale, Florida 33305.

**ARTICLE III - Registered Agent and Office**

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FLORIDA 33331

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..*

NRAI Services, Inc.

By: Mary Paris

Registered Agent's Signature

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. Dated this 3<sup>rd</sup> day of August, 2006.

Ralph B. Bekkevold  
Ralph B. Bekkevold, Authorized Signor

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