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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







RPORATION SERVICE COMPANY. ACCOUNT NO. : 072100000032 REFERENCE: 492148 5020369 AUTHORIZATION : \_ COST LIMIT : ORDER DATE: September 29, 2006 ORDER TIME : 10:28 AM ORDER NO. : 492148-005 CUSTOMER NO: 5020369 DOMESTIC FILING NAME: POMPANO PARK DEVELOPMENT LLC XX \_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kimberly Moret - EXT. 2949

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP PA BOCI LE PH 3: St **ARTICLE I - Name:** The name of the Limited Liability Company is: Pompano Park Development 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:** 1800 SW 3rd Street 2200 Corporated Blvd. NW Pompano Beach, FL 33069 Suite 310 Boca Raton, FL 33431 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:

Corporation S	Service Company
	Name
1201 Hays Str	reet
	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	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..

Registered Agent's Signature (REQUIRED)

Kimberly B. Moret as its agent

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DDI Inc
WGK	PPI, Inc. 2200 Corporate Blvd. NW, Suite 310
	Boca Raton, FL 33431
	,
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(The standard of the second	
(Use attachment if necessary)	
LEV: Effective date, if other tha	nn the date of filing: (OPTION
ffective date is listed, the date m	ust be specific and cannot be more than five business da
days after the date of filing.)	•
DECLUDED CICKATURE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Tud	J. T. Schon
Tud	nember or an authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):

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)

Andrew F. Gelson

Typed or printed name of signee