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Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**1300 NORTHWEST 18TH STREET, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

1300 Northwest 18th Street, LLC

ARTICLE II - ADDRESS

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

**6009 Northwest 1st Street
Margate, Florida 33063-5112**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

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

**Renee Maglio
6009 Northwest 1st Street
Margate, Florida 33063-5112**

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.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Registered Agent's Signature

ARTICLE VII – MANAGEMENT (Check if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



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.

Renee Maglio

Typed or printed name of signee.

Executed this fifteenth (15th) day of November, 2006.

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