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ro:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL

Account Number: 071250001512 Phone: (305)789-9200

Fax Number : (305) 789-9201

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TECANS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Audit No. 1107000054041 3

ARTICLES OF ORGANIZATION

OF

TECANS LLC

ARTICLE I

The name of the limited liability company formed hereby is TECANS LLC (the "Limited Similar Liability Company"):

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1100 N.W. 73rd Street Miami, Florida 33150

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Stuart H. Altman, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

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ARTICLE V

The Limited Liability Company shall be member-managed.

Sluart H. Altman/

as Authorized Representative of the Members

| | 90 mm (1980) | | |
|--|---|------------------|--|
| STATE OF FLORIDA |) | | |
| COUNTY OF MIAMI-DADE | ्रे प्राप्त क्षेत्र र त्रेष्ट्रमुक्त्मकृष्ट्रकृतकारम् । स्वर्णे | 07 f | |
| Before me personally appeared Stuart H. Altman, as Authorized Representative of the Members, who is personally known to me, or who produced as identification, to be the person who executed the foregoing Articles of Organization. | | | |
| In witness whereof I have h | ercunto set my hand and official seal this | as day of the 35 | |

Notary Public Print Name:___

My Commission expires:

NOTARY PUBLIC-STATE OF FLORIDA
DOTIS MATCUS
Commission # DD446387
Expires: AUG. 02, 2009
Bonded Thru Atlande Bonding Co., Inc.

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is TECANS LLC.
- 2. The name and address of the Registered Agent and Office is:

Stuart H. Altman, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

I laving been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.

Stuart H. Altman, Registered Agent

Date: 2/28/07

TECANS LLC

Stuart H. Altrhan,

as Authorized Representative

of the Members

Audit No. H 07000054041 3

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