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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

dade properties, llc

Certificate of Status	يبريهم إثب الأخليد	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	TOP BY
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April 2, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: DADE PROPERTIES, LLC

REF: W07000015862

DIVISION OF CORPORATIONS

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Gina McLeod Document Specialist FAX Aud. #: H07000083613 Letter Number: 807A00022089

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE | Name:

The name of the Limited Liability Company is:

NORTH PROPERTIES, LLC

ARTICLE II Addrese:

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

3531 Griffin Road

Ft. Lauderdale, FL 33312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:			
Name Name & Henon, P.A.			
Florida Street address (P.O. Box 6/01 acceptable)			
City, State, and 7tp			

Having been named as registered agant and to accept service of process for the above stated limited 'F' 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 Lam familiar with and accept the obligations of my position as registered agent as provided in Chapter 668, [Florida Statutes.

Registered Againt Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective data is requested)

- Cluary

Signature of a member or an authorized representative of a manuber.

(in accordance with section 608.405(5), Florida Sintistes, the execution of this document Constitutes an affirmation under the permittee of parjury that the facts stated herein are true.)

Typed or printed name of algree

This instrument prepared by: Kavin L. Hagen, Esquire Florida Ber No. 0005672 Hagen & Hagen, P.A. 2631 Griffin Road Ft. Laudendele, Florida 33312

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SECRETARY OF STATE

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