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07 MAY - 7 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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May 7, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Levan Partners LLC

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | Non Profit        |
| X           | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |                                    |
|------------|------------------------------------|
|            | Amendment                          |
|            | Resignation of RA Officer/Director |
|            | Change of Registered Agent         |
|            | Dissolution/Withdrawal             |
|            | Merger                             |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Reports   |
|               | Fictitious Name  |
|               | Name Reservation |
|               | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
|                            | Foreign           |
|                            | Limited Liability |
|                            | Reinstatement     |
|                            | Trademark         |
|                            | Other             |

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MAY - 7 - 2007  
AM 9:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Levan Partners 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:**

2100 W. Cypress Creek  
Fort Lauderdale, Florida 33309

**Mailing Address:**

2100 W. Cypress Creek  
Fort Lauderdale, Florida 33309

**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:

Alan B. Levan

Name

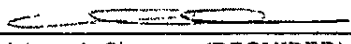
2100 W. Cypress Creek

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

Fort Lauderdale FL 33309

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

Alan B. Levan  
2100 W. Cypress Creek  
Fort Lauderdale, Florida 33309

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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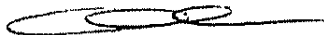
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Alan B. Levan, Manager

\_\_\_\_\_  
Typed or printed name of signee

**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)