

LD 7600075064

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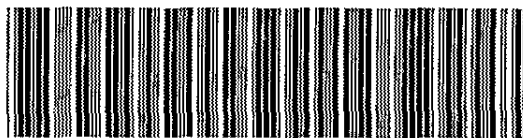
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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 019076 4336896

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
07 JUL 20 PM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : July 20, 2007

ORDER TIME : 11:52 AM

ORDER NO. : 019076-035

CUSTOMER NO: 4336896

DOMESTIC FILING

NAME: 449 AUSTRALIAN AVENUE, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
449 AUSTRALIAN AVENUE, L.L.C.**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME:

The name of the Limited Liability Company is **449 AUSTRALIAN AVENUE, L.L.C.**

ARTICLE II: ADDRESS:

The mailing address and street address of the Limited Liability Company is 700 North Orange Avenue, Suite #2, West Palm Beach, Florida 33401.

ARTICLE III: DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV: MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Name:	Address:
Richard P. Myers	152 Seabreeze Avenue Palm Beach, Florida 33480
Edwin R. Myers	P.O. Box 551 Palm Beach, FL 33480

ARTICLE V: MEMBERS RIGHTS TO CONTINUE BUSINESS:

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, as defined in FS 608.441.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 17th day of July, 2007 by the undersigned, who affirms that the statements made herein are true under penalties of perjury.



AMY E. SCHULTZ, Authorized Representative

(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.)

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **449 AUSTRALIAN AVENUE, L.L.C.**
2. The name and address of the registered agent and Office is:

Eileen T. O'Malley
700 North Olive Avenue, Suite #2
West Palm Beach, Florida 33401

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.

Dated: July 16, 2007



EILEEN T. O'MALLEY