

67000111319

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H07000270631 3)))



H070002706313ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL  
Account Number : 076077000521  
Phone : (954) 527-2428  
Fax Number : (954) 333-4001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 NOV -2 AM 8:40

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

North Drop Associates LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED  
07 NOV -2 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

67-111319  
QR

1101000270631 3

**ARTICLES OF ORGANIZATION  
OF  
NORTH DROP ASSOCIATES LLC  
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is NORTH DROP ASSOCIATES LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 1200 Ponce De Leon Boulevard, Coral Gables, Florida 33134.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Charles R. Abele, Jr., 1200 Ponce De Leon Boulevard, Coral Gables, Florida 33134.

The undersigned has executed these Articles of Organization on the 2<sup>ND</sup> day of November, 2007.

NORTH DROP ASSOCIATES LLC

By:   
Charles R. Abele, Jr., Authorized Representative

2007 NOV -2 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H07000270631 3

1111-1111111111 3

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: NORTH DROP ASSOCIATES LLC.
2. The name and address of the registered agent and office is:

Charles R. Abele, Jr.  
1200 Ponce De Leon Boulevard  
Coral Gables, Florida 33134

*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 its 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.*

  
Charles R. Abele, Jr., Registered Agent

NOVEMBER 2, 2007  
Date

FILED  
NOV - 2 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

407000270631 3