0081042 P. 1 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. (((H080000184563))) H080000184553ABC% 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 ğ Please give original JAN 23 AM 8: 40 submission date as file da From: : CORPORATION SERVICE COMPANY Account Name Account Number : 12000000195 E : (850)521-1000 Phone : (850)558-1575 Fax Number LORIDA/FOREIGN LIMITED LIABILITY CO. AH 11:06 RECEIVED AUDUBON ROAD ASSOCIATES HCSPE, LLC 08 JAN 23 Certificate of Status 0 Û Certified Copy 03 Page Count Estimated Charge \$125.00

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January 23, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: AUDUBON ROAD ASSOCIATES HCSPE, LLC REF: W08000003474

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NO. 492 P. 4

H08000018456 3

DB JAN 22. AM 8:

ARTICLES OF ORGANIZATION

OF

AUDUBON ROAD ASSOCIATES HCSPE, LLC

These Articles of Organization of Audubon Road Associates HCSPB, LLC (the "LLC"), dated as of January 22, 2008, are being duly executed and filed by Jean M. Curran, as an authorized person, to form a limited liability company pursuant to the provisions of Chapter 12 of the Florida Statutes (s. 608.407).

ARTICLE I – Name: The name of the limited liability company (the "company") is Audubon Road Associates HCSPE, LLC.

ARTICLE II - Address: The mailing address and the street address of the principa office of the limited liability company is: c/o Audubon Road Associates, LLC, 474 Glen Road, Weston, MA 02493.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the address within the State of Florida of the resident agent for service of process for the company is: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301.

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 agreement 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..

CORPORATION SERVICE COMPANY leather Chapman BY: Healles Chapman as its agent

ARTICLE IV – Manager: The name and the address of each manager of the company at the time of its formation are;

NAME

ADDRESS

Karen Kroner, Manager

c/o Audubon Road Associates, LLC 474 Glen Road Weston, MA 02493

IN WITNESS WHEREOF AND UNDER THE PENALTIES OF PERJURY, the person whose signature appears below does hereby affirm and execute this certificate of organization as an authorized person this 22nd day of January, 2008.

Jean M. Curran, Authorized Person

1532620

JA'N. 23. 2008 8:45AM

CSC