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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: COCHRAN HIALEAH, LLC. (Name of Limited Liability Company)
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The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT A. KOPPEN, ESO. (Name of Person)
KOPPEN, WATKINS, PARTNERS & ASSOCIATES, P.A.
(Firm/Company)
900 W. LINTON BLVD., SUITE 202
(Address)
DELRAY BEACH, FLORIDA 33444 (City/State and Zip Code)
(Chy/State and Zip Code)
For further information concerning this matter, please call:
ROBERT A. KOPPEN, ESQ. at (561) 279-9872 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 Tallahassee, FL 32301

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March 27, 2008

ROBERT A. KOPPEN, ESQ. KOPPEN, WATKINS, PARTNERS & ASSOCIATES P 900 W. LINTON BLVE., SUITE 202 DELRAY BEACH, FL 33444

SUBJECT: COCHRAN HIALEAH, LLC Ref. Number: W08000015900

We have received your document for COCHRAN HIALEAH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received on 3/26/08.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 608A00018260

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: COCHRAN HIALEAH, LLC

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

1800 Eller Drive, Suite 212 Ft. Lauderdale, FL 33316

1800 Eller Drive, Suite 212 Ft. Lauderdale, FL 33316

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

The name and the Florida street address of the registered agent are:

THE FITZGERALD GROUP, INC. 1800 Eller Drive
Suite 212
Ft. Lauderdale, FL 33316

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 states 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.

egistered Agent's Signature

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

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

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Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

SHELIA S. COCHRAN, Trustee under CARLYLE V.D. COCHRAN Living Trust dated 12-19-95 8205 Kerry Road Chevy Chase, MD 20815

ARTICLE V – Effective Date:

The effective date of this LLC will be January 1, 2008

REQUIRED SIGNATURE:

SHEILA S. COCHRAN, Trustee under CARLYLE V.D. LIVING TRUST, dated 12-19-95

(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.)