

To: The Florida Dept. of State
Subject: 001555 85889

From: Ashley Smith

Wednesday, April 30, 2008 11:21 AM Page: 1 of 3

L08000043/55
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Florida Department of State
Division of Corporations
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Effective Date **04/29/08**

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

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 11045000071;
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001555.8588

RECEIVED
08 APR 30 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ADMG UNIVERSITY GP, LLC

*** File First ***

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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T. HAMPTON

MAY - 1 2008

04/30/2008 11:23:57 AM

EXAMINER

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Effective Date

04/29/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADMG University GP, LLC

(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

825 Parkway Street

Suite 4

Jupiter, FL 33477

Mailing Address:

825 Parkway Street

Suite 4

Jupiter, FL 33477

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:

Joseph G. Luback

Name

825 Parkway Street, Ste. 4

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

Jupiter

FL 33477

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.

Joseph G. Luback

BY:

Registered Agent's Signature (REQUIRED)

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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

Joseph G. Lubeck

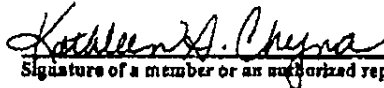
825 Parkway Street, Ste. 4

Jupiter, FL 33477

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-29-08 (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.)

Kathleen A. Chyna, Authorized representative

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)

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