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.

(((H08000153541 3)))



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

Division of Corporations

Fax Number : (850) 617-6383

From:

: BILZIN SUMBERG BAENA PRICE & AXELROD LLP Account Name

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122

ORIDA/FOREIGN LIMITED LIABILITY CO.

MICHAEL J. SWERDLOW GP, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUN 1 8 2008

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINER

6/17/2008

H08000153541 3

ARTICLES OF ORGANIZATION OF MICHAEL J. SWERDLOW GP, 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 MICHAEL J. SWERDLOW GP, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is c/o Swerdlow Group, 3390 Mary Street, Suite 200, Coconut Grove, Florida 33133.
- 3. <u>REGISTERED AGENT</u>. 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, is: Michael J. Swerdlow c/o Swerdlow Group, 3390 Mary Street, Suite 200, Coconut Grove, Florida 33133.

.4.	MANAGER. The company will be manager mana	iged. The initial manager is:
Michael J.	Swerdlow c/o Swerdlow Group, 3390 Mary Street, Suit	200, Coconut Grove, Florida
33133.		/

The undersigned has executed these Articles of Organization on the 16th day of

Michael J. Swerdlow, Manager

FILED

B JUN 17 AM 8: 1

SECRETARY OF STATE

108000153541 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: MICHAEL J. SWERDLOW GP, LLC.
- 2. The name and address of the registered agent and office is:

Michael J. Swerdlow 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133

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.

. Ly.

Michael J. Swerdlow

FAX:3053747593

PILED

08 JUN 17 40 8: 1

SECRETARY OF STATE
TALLAHASSEE EL COLO