

Aug. 28. 2009

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555

Phone : (561) 686-3307

Fax Number : (561) 471-0894

**FILED**  
2009 AUG 28 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

44 NW 11th LeaseCo, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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**M. THOMAS**

**M. THOMAS**

AUG 31 2009

8/28/2009

**EXAMINED**

**ARTICLES OF ORGANIZATION**

**OF**

**44 NW 11TH LEASECO, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

44 NW 11th LeaseCo, LLC

**ARTICLE II**  
**ADDRESS**

The street address and mailing address of the principal office is:

1951 N.W. 19th Street  
Suite 200  
Boca Raton, FL 33431

**ARTICLE III**  
**DURATION**

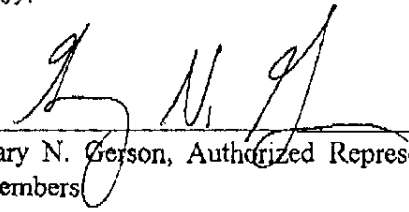
The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**ADMISSION OF ADDITIONAL MEMBERS**

The Members shall have the right to admit additional members.

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TALLAHASSEE, FLORIDA

**IN WITNESS WHEREOF**, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 28th day of August, 2009.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the  
Members

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

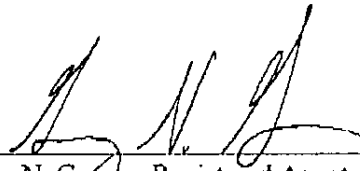
1. The name of the Limited Liability Company is:

44 NW 11th LeaseCo, LLC

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

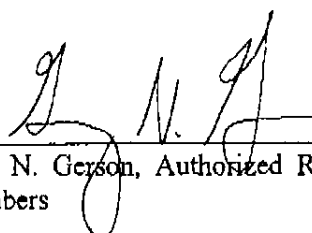
Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
\_\_\_\_\_  
Gary N. Gerson, Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Gary N. Gerson, Authorized Representative of the  
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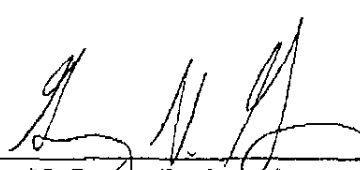
1. The name of the Limited Liability Company is:

MR 44F LeaseCo, LLC

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

Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

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Gary N. Gerson, Registered Agent

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