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EXAMINER

a.

I.

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ARTICLES OF ORGANIZATION

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NMD FALCON SQUARE, 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:

NMD FALCON SQUARE, 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 MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

No. 5480 P. 3

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<u>ARTICLE V</u>

ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

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 day of December, 2009.

John White II, Authorized Representative of the Members

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:

NMD FALCON SQUARE, LLC

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

John White II 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.

John ered Agent

NULLED SECRETARY OF STATE DIVISION OF CORPORATION いいと思いていたがないないのであったい

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