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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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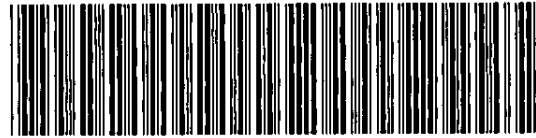
(Business Entity Name)

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12 FEB 10 AM 8:35

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 FEB 10 AM 8:55

FEB 13 2012

T. HAMPTON

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      **Kim Weidenbach**

**DATE:**            **02/10/12**

**REF. #:**           **000150.161524**

**CORP. NAME:**   **3350 BISCAYNE LLC**

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |                                                 |                                                       |
| <input type="checkbox"/> OTHER:                      |                                                 |                                                       |

**STATE FEES PREPAID WITH CHECK#** **543295** **FOR \$** **125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |                                                |                                                       |                                                        |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                                                        |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**3550 BISCAYNE, LLC**

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**ARTICLE I - Name**

The name of the Limited Liability Company is **3550 BISCAYNE, LLC** (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 888 Biscayne Blvd., Suite 100, Miami, FL 33132.

**ARTICLE III - Registered Agent and Office**

The street address of the Company's initial registered office is 888 Biscayne Blvd., Suite 100, Miami, FL 33132, and the name of its initial registered agent at such office is Avra Jain.

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. Dated this 9 day of February, 2012.

  
Avra Jain, Authorized Signor

**ARTICLE IV - Management**

The Company is to be a manager managed company and the names and addresses of such managers are:

Avra Jain, 888 Biscayne Blvd., Suite 100, Miami, FL 33132

and

Joseph Delvecchio, 888 Biscayne Blvd., Suite 100, Miami, FL 33132

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 9 day of February, 2012.

  
Avra Jain  
Registered Agent