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	Account Number	: 110432003053
	Phone	: (561)694-8107
	Fax Number	: (561)214-8442
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## FLORIDA LIMITED LIABILITY CO.

63 Girard Avenue, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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T. SCOTT

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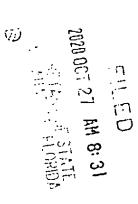
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

63 Girard Avenue, I	LLC		
(Must con	tain the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street a	address of the principal office	e of the Limited	Liability Company is:
Princh	nal Office Address:		Mailing Address:
		200	Com Man
328 Coral Way		328	Coral Way
Fort Lauderdale, FI  RTICLE III - Registered Ag  The Limited Liability Companiother business entity with an	gent, Registered Office, & F y cannot serve as its own Rej active Florida registration.)	Fort Registered Agen gistered Agent. \	Lauderdale, FL 33301
Fort Lauderdale, FI  RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & F y cannot serve as its own Rej active Florida registration.)	Registered Agent Spistered Agent. Yent are:	Lauderdale, FL 33301  at's Signature: You must designate an individual or
Fort Lauderdale, FI	gent, Registered Office, & F y cannot serve as its own Re- active Florida registration.) t address of the registered ago Comiter, Singer, Basema	Registered Agent Spistered Agent. Yent are:	Lauderdale, FL 33301  at's Signature: You must designate an individual or
Fort Lauderdale, FI  ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, & F y cannot serve as its own Re- active Florida registration.) t address of the registered ago Comiter, Singer, Basema	Fort Registered Agent gistered Agent. \ ent are: an & Braun, LLF ame	Lauderdale, FL 33301  at's Signature: You must designate an individual or
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the and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	• • •
MGR" = Manager	
MGR	Vincent Geoffroy
	328 Coral Way
	Fort Lauderdale, FL 33301
EV: Effective date, if other than ctive date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90
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