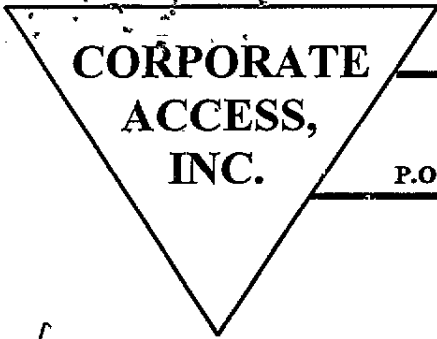


L98000000961



1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 7/2/98 11:00 AM (with smiley face)

CERTIFIED COPY

CUS

PHOTO COPY

FILING ~~AAE~~ LLC

1.) Nazari Associates, LLC  
(CORPORATE NAME & DOCUMENT #)

624

CM

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

~~20981589~~

200002578742--3  
-07/02/98-01009--016  
\*\*\*\*337.50 \*\*\*\*337.50

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

6.)  
(CORPORATE NAME & DOCUMENT #)

7.)  
(CORPORATE NAME & DOCUMENT #)

8.)  
(CORPORATE NAME & DOCUMENT #)

9.)  
(CORPORATE NAME & DOCUMENT #)

10.)  
(CORPORATE NAME & DOCUMENT #)

FILED  
98 JUL -2 PM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
98 JUL -2 AM 9:49  
RECEIVED

SPECIAL INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 2, 1998

CORPORATE ACCESS, INC.

TALLAHASSEE, FL

SUBJECT: NAZARI ASSOCIATES, LLC  
Ref. Number: W98000015177

98 JUL 2 10 51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NAZARI ASSOCIATES, LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 898A00035884

**ARTICLES OF ORGANIZATION**  
**OF**  
**NAZARI ASSOCIATES, LLC**

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 do set forth the following:

**ARTICLE I: NAME**

The name of the Company is Nazari Associates, LLC.

**ARTICLE II: DURATION**

The existence of the Company shall be perpetual, unless terminated by the unanimous written agreement of all Members, or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any event which terminates the continued membership of a member, unless the existence and business of the company is continued by the consent and agreement of all the remaining members, or by amendment of these Articles of Organization thereby providing for the continued existence of the Company subsequent to the foregoing events.

**ARTICLE III: ADDRESS OF PLACE OF BUSINESS**

The principal place of business <sup>and mailing address</sup> in Florida for the Company shall be 3500 N. 55th Avenue, Hollywood, Florida 33021.

**ARTICLE IV: REGISTERED AGENT**

The name of the initial registered agent in Florida for the Company is Lawrence N. Rosen and the address of the initial registered agent is 2925 Aventura Boulevard, Suite 308, Aventura, Florida 33180.

**ARTICLE V: ADDITIONAL MEMBERS**

Members may admit additional members upon written agreement of the members owning no less than seventy-five (75%) percent of the membership interests in the Company.

98 JUL 2 PM 1:51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

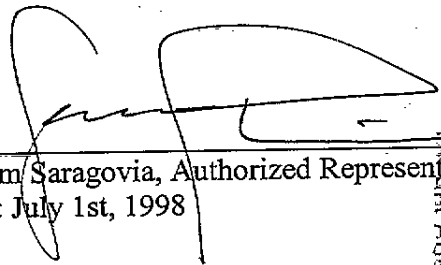
**ARTICLE VI: CONTINUITY OF BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, the business of the Company shall not be continued and the Company shall be dissolved unless the written consent to continue is obtained from the remaining members owning at least two-thirds (2/3rds) of the membership interests in the Company.

**ARTICLE VI: MANAGEMENT**

The management of the Company is reserved to the members, or officers of the members. The name and address of the managing member is as follows: Efraim Saragovia, 3500 N. 55th Avenue, Hollywood, Florida 33021.

These Articles of Organization have been executed on the date set forth by an authorized representative of a member.

  
\_\_\_\_\_  
Efraim Saragovia, Authorized Representative  
Date: July 1st, 1998

9 98 JUL -2 PM 1:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

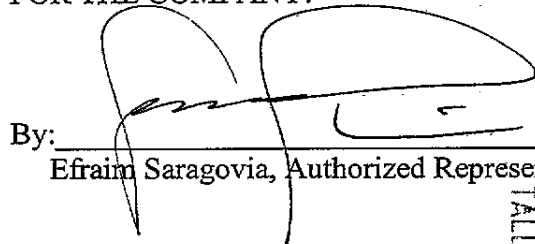
**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of Nazari Associates, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by Nazari Associates, LLC

Executed this 1<sup>st</sup> day of July, 1998.

By:  \_\_\_\_\_  
Lawrence N. Rosen, Registered Agent

FOR THE COMPANY:

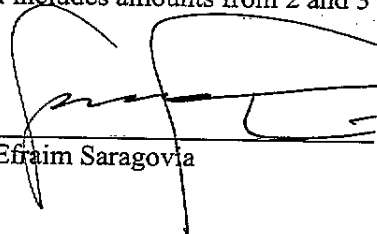
By:  \_\_\_\_\_  
Efrain Saragovia, Authorized Representative

FILED  
98 JUL -2 PM 11:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF  
NAZARI ASSOCIATES, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, an authorized representative of a member of Nazari Associates, LLC, deposes and says:

1. The above named limited liability company has at least two members;
2. The total amount of cash contribution by the member(s) is One Thousand (\$1,000.00) Dollars;
3. The agreed value of property, if any, other than cash contributed by member(s) is \$ -0-; and
4. The total amount of cash or property anticipated to be contributed by member(s) is One Thousand (\$1,000.00) Dollars. This total includes amounts from 2 and 3 above.

  
Efraim Saragovia


STATE OF FLORIDA }  
COUNTY OF DADE } SS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
98 JUL -27 PM 1:52

FILED

On this 1<sup>st</sup> day of July, 1998, before me personally appeared Efraim Saragovia, a member of Nazari Associates, LLC, to me known to be the person who executed the foregoing and acknowledged before me that he executed the same for the purposes expressed therein. He [] is personally known to me, or [] has produced a valid Florida driver's license as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid.

  
Notary Public, State of Florida  
Print Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

OFFICIAL NOTARY SEAL  
MARY ANN BALDOQUIN  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC542670  
MY COMMISSION EXP. MAR. 25, 2000