

L98000001094

Attorneys Title
Requestor's Name

660 E Jefferson
Address

Tallahassee 222-2785
City/State/Zip Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 7100 Fairway L.L.C. (Corporation Name) IL (Document #) **CM**
- _____ (Corporation Name) _____ (Document #)
- _____ (Corporation Name) _____ (Document #)
- _____ (Corporation Name) _____ (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

ARTICLES OF ORGANIZATION OF

7100 FAIRWAY, L.L.C.

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be 7100 FAIRWAY, L.L.C. (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 1601 Forum Place, Suite 200, West Palm Beach, Florida 33401.

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ARTICLE III

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: Jay M. Grossman, 1601 Forum Place, Suite 200, West Palm Beach, Florida 33401.

ARTICLE IV

DURATION

This Company shall exist until December 31, 2017, unless sooner dissolved in a manner provided by law, as herein set forth or as provided in the Regulations adopted by the members.

ARTICLE V
MANAGEMENT

The Company will be managed by members in accordance with the Company's regulations. The name and address of the managing member is as follows:

NAME	ADDRESS
Richard D. Segal	707 Westchester Avenue, Suite 401 White Plains, New York 10604

ARTICLE VI
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members upon making such contributions as are set out in the Regulations, and otherwise complying with and agreeing to the terms and provisions of the Regulations.

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ARTICLE VII
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

Executed by the undersigned member at White Plains, N.Y. Florida on the 10th day of July, 1998.

RS
Richard D. Segal
707 Westchester Avenue, Suite 401
White Plains, New York 10604

State of N.Y.

County of WESTCHESTER

This foregoing instrument was acknowledged before me this 10 day of JULY, 1998, by Richard D. Segal . He () is personally known to me or () has produced _____ as identification.

Laura Lisi

NOTARY SEAL

Notary Public Print name below:

12-31-99

My commission expires:

LAURA LISI
Notary Public, State of New York
No 4845947
Qualified in Putnam County
Commission Expires ~~March 30, 19~~
12-31-99

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**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND
REGISTERED AGENT**

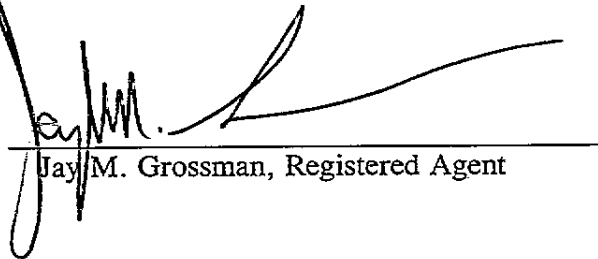
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is **7100 FAIRWAY, L.L.C.**

The name of the initial registered agent of the limited liability company is Jay M. Grossman, and the address of the office of the registered agent is 1601 Forum Place, Suite 200, West Palm Beach, Florida 33401.

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Jay M. Grossman, Registered Agent

Date: July 8, 1998

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS
OF
7100 FAIRWAY, L.L.C.**

Before me, the undersigned authority, personally appeared **RICHARD D. SEGAL**, a Member of **7100 FAIRWAY, L.L.C.**, who, being first duly sworn deposes and says:

1. That the limited liability company known as **7100 FAIRWAY, L.L.C.** has at least one (1) member.
2. The total amount of cash contributed by members of **7100 FAIRWAY, L.L.C.** is **ONE MILLION, EIGHT HUNDRED THOUSAND DOLLARS (\$1,800,000.00)** cash.
3. No other property, other than cash, has been contributed by members.
4. The total of cash and property anticipated to be contributed by members is **ONE MILLION, EIGHT HUNDRED THOUSAND DOLLARS (\$1,800,000.00)**. This amount includes amounts from Paragraphs 2 and 3 above.

Further, Affiant sayeth naught.

RS
Richard D. Segal

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of N.Y.
County of WESTCHESTER

This foregoing instrument was acknowledged before me this 10 day of JULY, 1998, by Richard D. Segal, who () is personally known to me or, () who has produced _____ as identification.

NOTARY SEAL

Laura Lisi
Notary Public Print name below:

12-31-99
My commission expires:

LAURA LISI
Notary Public, State of New York
No 4845947
Qualified in Putnam County
Commission Expires March 30, 1999
12-31-99