# L99000003524



t pages

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCOUNT 1                                               | OV                         | 0721000          | 00032        |         |              |           |                  |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|------------------|--------------|---------|--------------|-----------|------------------|
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REFERE                                                  | NCE :                      | 276003           | 43039        | 29      | ÷            |           |                  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AUTHORIZAT                                              | ION :                      | Pati             | icia         | Must    |              |           |                  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COST LI                                                 | IT:                        | \$ 337.5         | 0            | φů      |              |           |                  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                             |                            |                  |              |         |              |           | . =              |
|                       | ORDER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : June 16                                               | 1999                       | -                | • •          |         |              |           | =                |
|                       | ORDER TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : 10:38 AM                                              | 1                          |                  |              |         |              |           |                  |
|                       | ORDER NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | : 276003-0                                              | 05                         |                  |              | 30000   | 02906        | 553       | <b>6</b>         |
|                       | CUSTOMER NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | O: 43039                                                | 29                         |                  |              |         |              |           |                  |
| Kana<br>Lake          | CUSTOMER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GREENBERG T<br>GREENBERG T<br>1221 Bricke<br>20th Floor | RAURIC<br>RAURIC<br>11 Ave | 3<br>3<br>enue   |              |         | SEOI<br>TALL | 99        | ., . <del></del> |
| perfective for        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Miami, FL                                               | 33131                      |                  |              |         | 至門           | S T       | l                |
|                       | 99 JUN 16 PH 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         | TIC FI                     | <u>LLING</u>     | <b>-</b>     |         | ATTEL STA    | 116 PM 2: | ]<br>]           |
|                       | The state of the s |                                                         |                            |                  |              |         | A TE         | 95        |                  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EFFEC                                                   | TIVE D                     | DATE:            |              |         |              |           |                  |
|                       | XX ARTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLES OF INCO<br>IFICATE OF I                            | RPORAT<br>IMITED           | CION<br>PARTNER  | SHIP         |         |              |           |                  |
|                       | PLEASE RETU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JRN THE FOLL                                            | OWING                      | AS PROOF         | OF FII       | ING:    |              | -         | ÷-               |
|                       | XX CER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RTIFIED COPY                                            |                            |                  |              |         |              |           |                  |
| Name 🚫                | 10/00 PLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AIN STAMPED                                             | COPY                       |                  |              |         |              |           |                  |
| Availability          | CE CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RTIFICATE OF                                            | GOOD                       | STANDING         | <del>}</del> |         |              |           |                  |
| Document<br>Examiner  | CONTACT PER<br>DCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RSON: Chris                                             | tine L                     | illich<br>EXAMIN | ER'S IN      | ITIALS: |              |           | <br>             |
| Upfa er               | DOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                            |                  |              |         |              | _         | ==               |
| ti vic'er<br>Vertiyer | DCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 00                                                    | \_~                        | 0000             | 3521         | 4       |              |           |                  |
| Acknowledg            | gemen <b>t</b> DCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                            |                  | . 00~        | `       |              |           | -                |
| W. P. Verify          | ye <b>r</b> DCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                       |                            |                  |              |         |              |           |                  |

# 'ARTICLES OF ORGANIZATION

OF

#### VALI LLC

#### **ARTICLE I**

The name of the limited liability company (hereinafter called the "limited liability company") is VALI LLC.

# ARTICLE II

The address of the principal office and the mailing address of the limited liability company is 934 Crandon Boulevard, #35 Key Biscayne, FL 33149.

#### ARTICLE III

The period of duration for the limited liability company shall be perpetual.

#### ARTICLE IV

The limited liability company is to be managed by the managers and the names and addresses of such managers who are to serve as managers are:

Valerie Nunez 1640 Tigertail Road Coconut Grove, FL 33133

Allison Tobin 100 Ocean Lane Drive # 502 Key Biscayne, FL 33149

#### ARTICLE V

Additional members may be admitted and the terms and condition of such admissions shall require the vote of all existing members, and shall be conditioned on the new member's agreement to abide by all existing agreements of the members regarding the conduct of the Company.

# ARTICLE VI

The remaining members of the Company have the right to continue the business in the event of the termination of the Company at any time due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in the Company, provided that all of the remaining members agree to do so in writing within 120 days after the date of a member's termination of membership.

### ARTICLE VII

The undersigned member or authorized representative of a member of VALI LLC certifies:

| 1) | the above named limited liability company has at least one member;                                                                                                                                                                                              |                    |       |         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|---------|
| 2) | the total amount of cash contributed by the member(s) is                                                                                                                                                                                                        | \$ <u>.</u>        |       | 100.00  |
| 3) | if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and                                                                                                       | \$_                |       | 0.00    |
| 4) | the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)                                                                                                           | \$_                |       | 100.00_ |
|    | Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | 99 JUN 16 PM 2: 05 | FILED |         |
|    | Valerie Nunez                                                                                                                                                                                                                                                   |                    |       |         |
|    | Typed or printed name of signee                                                                                                                                                                                                                                 |                    |       |         |

Filing Fee: \$250.00 for Application and Affidavit

# 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 Compan                                        | y is:                   |           |     |    |   |   |
|--------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|-----------|-----|----|---|---|
|                                                  |                                                                                 | SECRETARY<br>TALLAHASIE | 99 JUN 16 |     | -  |   |   |
| 2.                                               | The name and the Florida street address of the registered agent and office are: |                         |           |     | •  |   |   |
|                                                  | CORPORATION SERVICE COMPANY (Name)                                              |                         |           |     |    | Ū |   |
|                                                  | 1201 Hays Street                                                                |                         |           |     | 05 |   |   |
| Florida street address (P.O. Box NOT Acceptable) |                                                                                 |                         |           |     | ٥, |   |   |
|                                                  | Tallahassee                                                                     | Florida                 | 32301     |     |    |   | _ |
|                                                  | City/St                                                                         | tate/Zip Code)          |           | , i |    |   |   |

Having been named as the 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 this 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.

Laura R. Dung Date: June 16, 1999

(Registered Agent's Signature)

Its Agent, Laura R. Dunlap

Filing Fee: \$ 35 for Designation of Registered Agent