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OF COUNSEL

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***285.00 ***285.00

July 1, 1999

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: EASTMARK ASSOCIATES, L.L.C.

Gentlemen:

In connection with the referenced company, enclosed please find original Articles of Organization together with our check in the sum of \$285.00 for filing fees.

Please stamp the enclosed copy and return with your receipt.

Thank you for your cooperation. Should you have any questions, please call.

Very truly yours,

Tara Halko

Tara Halko

:th
Enclosure

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: EASTMARK ASSOCIATES, L.L.C.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 8058 Aberdeen Country Club Drive, Suite 101, Boynton Beach, Florida 33437.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

SHERMAN LAZRUS
P.O. Box 4083
Silver Springs, MD 20914

WALTER CECCHINI
8058 Aberdeen Country Club Drive
Boynton Beach, Fl. 33437

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 25th day of June, 1999.



WALTER CECCHINI, Member

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TALLAHASSEE FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF PALM Bch)

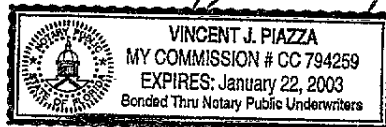
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared WALTER CECCHINI, known to me to be the person who executed the foregoing Articles of Organization, who is personally known to me or provided Dominic Licenzi as proof of identification, and he swore before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of June, 1999.



NOTARY PUBLIC, STATE OF

My Commission Expires:



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TALLAHASSEE FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized member of EASTMARK ASSOCIATES, L.L.C. deposes and says:

- 1) The above named limited liability company has at least one (1) member.
- 2) The total amount of cash contributed by the members is \$100.00.
- 3) The amount of cash anticipated to be contributed by member(s) is \$50.00 each.

Walter C Cecchini
WALTER CECCHINI

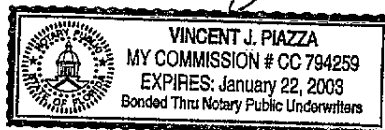
STATE OF FLORIDA)
) SS:
COUNTY OF PALM BEACH)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared WALTER CECCHINI, known to me to be the person who executed the foregoing Affidavit of Membership and Contributions, who is personally known to me or provided Drivers License as proof of identification, and he took an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of June, 1999.

[Signature]
NOTARY PUBLIC, STATE OF

My Commission Expires:



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TALLAHASSEE FLORIDA


**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: EASTMARK ASSOCIATES, L.L.C.
2. The name and address of the registered agent and office is:

Michael B. Shapiro
7777 Glades Road, Suite 200
Boca Raton, FL 33434

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 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.


MICHAEL B. SHAPIRO

Date: June 20, 1999

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TALLAHASSEE FLORIDA