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Florida Department of State

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Account Name : EMPIRE CORPORATE KIT COMPANY

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Phone : (305)541-3694 Fax Number : (305)541-3770 SECRETARY OF STATE DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

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DOLPHIN BRICKELL, L.L.C.

Certificate of Status	0
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Page Count	04
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1 of 2

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ARTICLES OF ORGANIZATION

FOR

DOLPHIN BRICKELL, L.L.C.

<u> ARTICLE I. - NAME</u>:

The name of this Limited Liability Company ("Company") shall be:

DOLPHIN BRICKELL, L.L.C.

SEDRETARY OF STATE OF STATE OF CORPORATIONS

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o QPF Management, Inc., 1680 Meridian Avenue, Suite 420, Miami Beach, Florida 33139.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

QPF Management, Inc. 1680 Meridian Avenue, Suite 420 Miami Beach, Florida 33139

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

ARTICLE VII - AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of DOLPHIN BRICKELL, L.L.C. certifies that:

1)	the above named limited liability company has at least two members;	
2)	the total amount of cash contributed by the member is	\$ 200.00
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	\$ 200.00
		-

Signature of a member of an authorized representative of a member

(In accordance with section 608.608(3), Floride Statute, the execution of this efficient constitutes an affirmation under the possible of perjury that the facts stated herein are true.)

OPF Management, Inc., its Manager, By Jacob I. Sopher, its President
Typed or printed name of signee

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IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION AS OF THE WORLD DAY OF JULY, 1999

		its Me	JAZOB I. SOPHER PRESIDENT
STATE OF NEW YORK)		
COUNTY OF NOW YORK)		
Before me personally appear	red Jaco	b L So	phor, as the President of OFF Management

Before me personally appeared Jacob L Sopher, as the President of QPF Management, Inc., a Florida corporation, the Manager of the Company, known to me to be the persons who assecuted the foregoing articles of organization or who produced a driver's license as identification.

in wimess whereof, I have hereunto set my hand and seal on this May of July, 1999.
Noting Public, State of

My commission expires:

No. 41-4691583

Qualified in Heasen County Of Commission Expires July 31, 19

GARY, R. MARRELL

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-3-

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 company is: DOLPHIN BRICKELL, L.L.C.
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN, ESO.
NAME

Greenberg, Traurig, P.A.

1221 Brickell Avenue, Suite 2100

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131 CITY, STATE AND ZIP

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.

SIGNATURE

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