

DEC-21-99 02:35PM

FROM-AKERMANTENTERFITT & EIDSON

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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((H99000032632 4)))

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Angelica M. Calabrese
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY

NEEDLENOSE NO. 4, L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
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FAX AUDIT No.H99000032632 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**The name of the Limited Liability Company is: **NEEDLENOSE NO. 4, L.C.****ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is

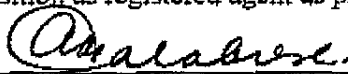
898B N.E. 88th Street, Miami, Florida 33138**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**American Information Services, Inc.
One S.E. Third Avenue, 28th Floor
Miami, Florida 33131**

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

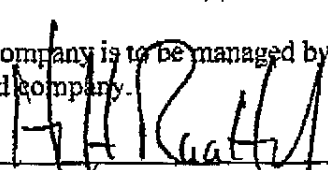
By



Registered Agent's Signature
Angelica M. Calabrese, Vice President

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member.

(In accordance with Section 608 408(a), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA