

L05000006189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

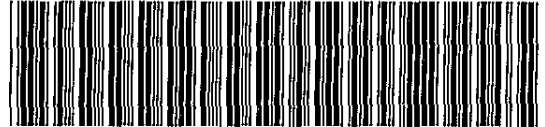
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 154636 4322384

AUTHORIZATION :

*Patricia Pizots*

COST LIMIT : \$ 130.00

ORDER DATE : January 20, 2005

ORDER TIME : 11:01 AM

ORDER NO. : 154636-005

CUSTOMER NO: 4322384

CUSTOMER: Ms. Barbara Frayle  
Weil Gotshal & Manges LLP

Suite 1200  
1395 Brickell Avenue  
Miami, FL 33131

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DOMESTIC FILING

NAME: WINDSOR CAPITAL CASABLANCA LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WINDSOR CAPITAL CASABLANCA LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1441 Brickell Avenue, Suite 1001

Miami, Florida 33131

Attention: Roland DiGasbarro

**Mailing Address:**

1441 Brickell Avenue, Suite 1001

Miami, Florida 33131

Attention: Roland DiGasbarro

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays Street

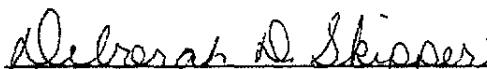
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

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 as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

**Deborah D. Skipper**  
Asst. V. Pres.

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Roland DiGasbarro

1441 Brickell Avenue, Suite 1001

Miami, FL 33131

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(Use attachment if necessary)

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**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Beatriz Azcuy-Diaz, authorized signatory

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)