Florida Department of State

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Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

st. lucie commercial holdings llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ST. LUCIE COMMERCIAL HOLDINGS LLC

ARTICLE I

The name of the limited liability company shall be: ST. LUCIE COMMERCIAL HOLDINGS LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

4000 PONCE DE LEON BLVD SUITE 400 CORAL GABLES FLORIDA 33146

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

GILBERT A. CONTRERAS ESQ. 4000 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FLORIDA 33146

ARTICLE V

The limited liability company is to be managed by a managing/member.

The undersigned has executed these Articles of Organization of this & day of August, 2005.

GILBERT A. CONTRERAS

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, ST. LUCIE COMMERCIAL HOLDINGS LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GILBERT A. CONTRERAS, whose address is 4000 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FLORIDA 33146, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREY 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

Registered Agent

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