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: (850)205-0383 Fax Number

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LICCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number

: (561)686-5442

LIMITED LIABILITY COMPANY

Century Jonathan's Cove, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION OF CENTURY JONATHAN'S COVE, LLC

I, the undersigned authorized representative of the Manager, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is:

CENTURY JONATHAN'S COVE, LLC

ARTICLE II ADDRESS

The mailing address and the principal office address is:

3300 University Drive Coral Springs, FL 33065

ARTICLE III DURATION

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

ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

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Gary N. Gerson, Esq. (FL Bar No. 251771) Nason, Yeager, Gerson, White & Lioce, P.A. 1645 Palm Beach Lakes Blvd., Suite 1200 West Palm Beach, FL 33418 Phone: (561) 686-3307 01 NOV 14

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IN WITNESS WHEREOF, the undersigned authorized representative of the Manager has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 14th day of November, 2001.

Gary N. Gerson, Authorized Representative of the

Manager

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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:

CENTURY JONATHAN'S COVE, LLC

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

Gary N. Gerson 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401 NON WOR

Having been named as registered agent to accept service of process for the above-stated-limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Gary N. Gerson, Registered Agent

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