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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES
Account Number : I19990000034
Phone : (954) 565-7723
Fax Number : (954) 568-6771

LIMITED LIABILITY COMPANY

OCEAN GROVE ACCOMODATIONS, LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

00 APR -3 PM 2:00
SECTION 1
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 APR -3 PM 1:42
SECTION 1
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H000000047348

ARTICLES OF ORGANIZATION
OF
OCEAN GROVE ACCOMODATIONS, LLC.

ARTICLE ONE NAME

The name of the limited liability company shall be
OCEAN GROVE ACCOMODATIONS, LLC.

ARTICLE TWO PRINCIPAL OFFICE

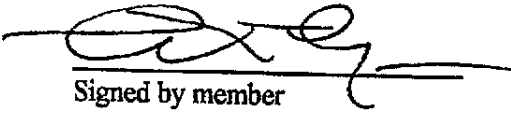
The mailing address and street address of the principal office of the Limited Liability Company is
5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are
Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

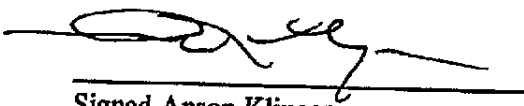
ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is,
therefore a manager- managed company. The name and address of the manager of this company
will be Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486


Signed by member
or an authorized representative of a member
Anson Klinger

03/30/00
Dated

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, F.S.


Signed Anson Klinger
Registered Agent

03/30/00
Dated

H000000047348

00 APR 03 PM 2:00
S. L. Klinger
Paralegal Associates