

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000004190

South Ocean El Bravo, LLC

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-04/12/00--01048--019
****160.00 ****160.00

- FILED
00 APR 12 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ___ Art of Inc. File
 - ___ LTD Partnership File
 - ___ Foreign Corp. File
 - ☒ L.C. File
 - ___ Fictitious Name File
 - ___ Trade/Service Mark
 - ___ Merger File
 - ___ Art. of Amend. File
 - ___ RA Resignation
 - ___ Dissolution / Withdrawal
 - ___ Annual Report / Reinstatement
 - ☒ Cert. Copy
 - ___ Photo Copy
 - ☒ Certificate of Good Standing
 - ___ Certificate of Status
 - ___ Certificate of Fictitious Name
 - ___ Corp Record Search
 - ___ Officer Search
 - ___ Fictitious Search
 - ___ Fictitious Owner Search
 - ___ Vehicle Search
 - ___ Driving Record
 - ___ UCC 1 or 3 File
 - ___ UCC 11 Search
 - ___ UCC 11 Retrieval
 - ___ Courier
- RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L00-4190
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Name	OK
Availability	OK
Document	OK
Transfer	OK
Signature	OK
Notary	OK
State	OK
Notary	OK

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

South Ocean El Bravo, LLC

ARTICLE II - ADDRESS:

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

426 Seaspray Avenue, Palm Beach, FL 33480

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, REGISTERED
AGENT'S SIGNATURE:**

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

WILLIAM D. ELIAS

Name

426 Seaspray Avenue

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

Palm Beach, Florida 33480

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, F.S.



Registered Agent's Signature
William D. Elias

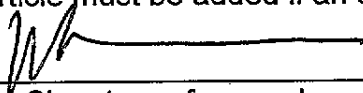
ARTICLE IV - MANAGEMENT (Check, box if applicable)

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

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(An additional article must be added if an effective date is requested)



Signature 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)

Typed or printed name of signee

William D. Elias

Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)