

L00000004266

C T CORPORATION SYSTEM				
Requestor's Name 660 East Jefferson Street				
Address Tallahassee, FL 32301 (850)	222-1092			
City State Zip Phone			500003207575 -04/13/0001088- ****155.00 *****	5—— 1 -002 155,00
CORPORATION(S)	NAME			100,00
**************************************		<u>.</u>		
			APR I	-1 1
Sutton Place Pa	Aners L	10 = =	※R ω	
			0F %T	
			RIDA RIDA	
() Profit () NonProfit Limited Liability Company	() Amendm	ent	() Merger	
() Foreign	() Dissolution/Withdrawal		() Mark	
() Limited Partnership () Reinstatement () Limited Liability Partnership	() Annual Ro () Reservati		() Other () Change of R.A. () Fictitious Name	
Certified Copy	() Photo Co	pies	() CUS	
() Call When Ready () Walk In () Mail Out — ()	() Call if Pro () Will Wait	biem	() After 4:30 () Pick Up	
Name Availability Document Examiner Updater	CURPORATIONS SEE, FLORIDA ACIONIOS ACIO	canaujai	RETURN EXTRA COPY(S) FILE STAMPED THANKS LAURA EARNEST	
Verifier Acknowledgment	S WII: 28			
W.P. Verifier				

CR2E031 (1-89)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sutton Place Partners LLC

ARTICLE II - Address:

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

230 South County Road, Palm Beach, Florida 33480

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

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

C T Corporation System

Name

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable) FL 33324 Plantation

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..

CT Corporation System CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

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

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.)

Paul F. McCurdy, authorized representative

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)