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Division of Corporations

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Division of Corporations
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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

FILED
00 SEP 15 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Grove Ocean Land, LLC

RECEIVED
00 SEP 15 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9/15

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ARTICLES OF ORGANIZATION

OF

GROVE OCEAN LAND, LLC.

ARTICLE ONE NAME

The name of the Limited Liability Company shall be GROVE OCEAN LAND, LLC.

ARTICLE TWO PRINCIPAL OFFICE

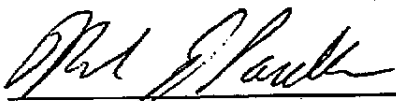
The mailing address and the street address of the principal office of the Limited Liability company is: 1633 Tigertail Avenue, Miami, Florida 33133

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are Mark Parello of 1633 Tigertail Avenue, Miami, Florida 33133

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 Mark Parello of 1633 Tigertail Avenue, Miami, Florida 33133

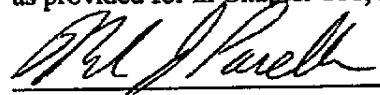


Signed by member
or an authorized representative of a member
Mark Parello

9/15/00

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 Mark Parello
Registered Agent

9/15/00

Dated

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TALLAHASSEE FLORIDA

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