

ACCOUNT NO.: 072100000032

REFERENCE: 900021 10191A

AUTHORIZATION:

COST LIMIT : \$ PREPAID

ORDER DATE: November 15, 2000

ORDER TIME: 1:48 PM

ORDER NO. : 900021-005

CUSTOMER NO: 10191A

CUSTOMER: Lee H. Bessell, Esq 100003454991--2 Suite 101 -11/15/00--01077--007

2450 N.E. Miami Gardens Drive North Miami Bea, FL 33180

DOMESTIC FILING

SCI DESIGN-BUILDERS, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 1116 EXAMINER'S INITIALS:

****155.00 ****155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCI Design-Builders, L.L.C.

ARTICLE II - Address:

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

4100 RCA Boulevard Suite 110 Palm Beach Gardens, Florida 33410

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

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

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

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.

BRIAN COURTNEY, ASST. V.P.

Registered Agent's Signature

Signature of my boor or an authorized representative of a member

(In accommance 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

DO NOV 15 PM 3: 24 DECRETARY OF STATE

APPRUVE: AND FILED