

LO1000011456

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Skands Crossing LLC

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SUFFICIENCY OF FILING

- ☒ Art of Inc. File
- ☐ LTD Partnership File
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- ☐ 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
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Signature

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**ARTICLES OF ORGANIZATION OF
ISLAND CROSSINGS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: **ISLAND CROSSINGS, LLC.**

ARTICLE II — Address:

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

8961 SE Bridge Road, Hobe Sound, Florida 33455.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Management:

The Limited Liability Company is to be managed by a manager and the name and address of the manager is as follows:

Charles Modica, 8961 SE Bridge Road, Hobe Sound, Florida 33455.

ARTICLE V — Admission of Additional Members:

New members shall only be admitted upon the unanimous written consent of then existing members.

ARTICLE VI — Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members, may continue the business upon unanimous written consent of the remaining members of the limited liability company.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be his act this 12th day of July, 2001.

By: 

Joseph D. Grosso, Jr., Esq. as authorized
representative

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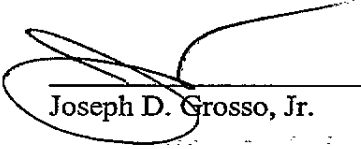
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is ISLAND CROSSINGS, LLC.
2. The name and the Florida street address of the registered agent and registered office are

Joseph D. Grosso, Jr., Esquire, Madden & Grosso, 789 South Federal Highway, Suite Stuart, Florida 34994.

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.



Joseph D. Grosso, Jr.

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