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LIMITED LIABILITY COMPANY
CORNERSTONE BEACH COTTAGES, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
CORNERSTONE BEACH COTTAGES, LLC

ARTICLE I

1. The name of the Limited Liability company is: CORNERSTONE BEACH COTTAGES, LLC

ARTICLE II

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

1674 W Smith Valley Road, Suite A
Greenwood, IN 46142

ARTICLE III

3. Its registered office in the State of Florida is to be located at 850 Park Shore Drive, Third Floor, Naples, FL 34103 and its registered agent at such address is: Steve Falk.

ARTICLE IV

4. The company will be managed by members, the name and addresses of those who are to serve until the first meeting of members or until their successors are elected are:

<u>NAME</u>	<u>ADDRESS</u>
Darin M. Smith	1674 W Smith Valley Road, Suite A Greenwood, IN 46142
Thomas Brueggemann	1674 W Smith Valley Road, Suite A Greenwood, IN 46142

IN WITNESS WHEREOF, the undersigned, being the individual forming the Company, has executed, signed, and acknowledged these Articles of Organization this 17th day of October 2001 A.D.


Thomas Brueggemann, Managing Member

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

CORNERSTONE BEACH COTTAGES, LLC

2. The name and address of the registered agent and office is:

Steven M. Falk, Esq.
Roetzel & Andress, a Legal Professional Association
850 Park Shore Drive, Third Floor
Naples, FL 34103


Thomas Bruggemann, Managing Member

DATE 10-19-2001

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.

SIGNATURE


Steven M. Falk, Esq.

DATE

10/19/01

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