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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (561) 461-5020
Fax Number : (561) 468-8461

LIMITED LIABILITY COMPANY

McDermid Groves, LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **McDERMID GROVES, LLC**

ARTICLE II - Address:

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

401 South Indian River Drive
Fort Pierce, Florida 34950

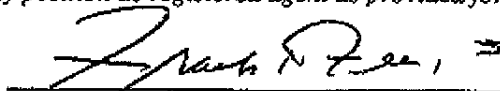
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FRANK H. FEE, III
401 South Indian River Drive
Fort Pierce, Florida 34950

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and is, therefore, a member-managed company.



Signature of 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.)

FRANK H. FEE, III

Typed or printed name of signee

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