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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : PAUL SMITH
Account Number : 120010000247
Phone : (305)673-0347
Fax Number : (305)532-0738

LIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Malibu Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	92 63
Estimated Charge	\$125.00



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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Malibu Properties LLC

ARTICLE II ADDRESS

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

521 Westwood Road

West Palm Beach, FL 33401

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

A1A CORPORATE SERVICES INC.

218 SOUTHERN COUNTRY LANE

QUINCY, FL 32351

Having been named as registered agent 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.

ARTICLE V MEMBERS (optional)

Managing Member:

Allyson M. Chambers

521 Westwood Road

West Palm Beach, FL 33401

Managing Member:

Francis J. Ward Jr.

521 Westwood Road

West Palm Beach, FL 33401

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PAGE 2 Malibu Properties LLC

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Signature of a member or an 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.

Allyson M. Chambers

Typed or printed name of signee

FILE IF STATE OF STAT

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