Division of Corporations



Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

sff biscayne holdings, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION

FOR

SFF BISCAYNE HOLDINGS, LLC

ARTICLE L - NAME:

The name of this Limited Liability Company ("Company") shall be:

SFF BISCAYNE HOLDINGS, LLC

ARTICLE IL - ADDRESS

The mailing address and street address of the principal office of the Company is: 173 Root Trail, Palm Beach, Florida 33480.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by manager(s) of the Company. The initial manager of the Company is:

Sydney Faythe Fisher

173 ARoote Trail

m Book Florida 33480

Signature of a member or an authorized representative of a member (in accordance with section 608.408(3), Florida Statutes, the execution of this apidavit constitutes in affirmation under the penalties of perjury that the facts stated herein are true.) Sydney Faytha Fisher

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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: SFF BISCAYNE HOLDINGS LLC
- 2. The name and the Florida street address of the registered agent are:

TAMARA FISHER

173 Root Trail
Florida street address (P.O. BOX NOT ACCEPTABLE)

Palm Beach, Florida 33480 CITY, STATE AND ZIP

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

Tamara Pisher

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