

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
 Account Number : 075500004387
 Phone : (813) 229-7600
 Fax Number : (813) 229-1660

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MANATEE LAGUNA HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
MANATEE LAGUNA HOLDINGS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is **MANATEE LAGUNA HOLDINGS, LLC.**

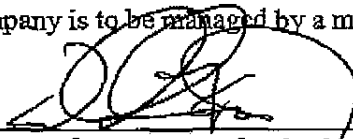
ARTICLE II – Address:

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

742 2nd Avenue South
St. Petersburg, 33701

ARTICLE III – Management:

The Limited Liability Company is to be managed by a manager or managers.



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.)

W. Kent Ihrig

Typed or printed name of signee

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

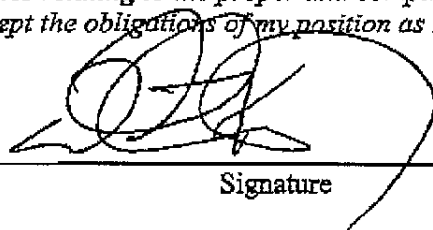
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **MANATEE LAGUNA HOLDINGS, LLC.**

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

W. Kent Ihrig
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Blvd., Suite 2800
Tampa, Florida 33602

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

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TALLAHASSEE, FLORIDA

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