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03 MAY 16 P.

SECRETARY OF  
TALLAHASSEE.

(Requestor's Name)

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(Business Entity Name)

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05/16/03--01026--012 \*\*160.00

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**Shores Pointe, LLC**  
**2523 Burns Road**  
**Palm Beach Gardens, FL 33410**

FILED  
03 MAY 16 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 12, 2003

Registration Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

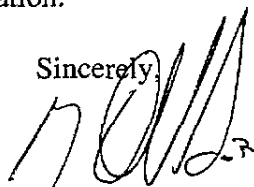
**Re: Shores Pointe, LLC**

Dear Sir/Madam:

Enclosed please find the original and one photocopy of the of the Articles of Organization for the limited liability company we wish to form in the name **Shores Pointe, LLC**. Please file these Articles of Organization at your earliest convenience, then return a certified copy to me as soon as possible. In addition, please provide a certificate of status for this entity. A check is enclosed in the amount of \$160 representing payment of the \$100 filing fee, \$25 for registered agent designation, \$30 for the certified copy, and \$5 for the Certificate of Status.

Thank you very much for your help in this matter. Please do not hesitate to contact me if you should have any questions or need further information.

Sincerely,



Guy M. DiVosta

Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shores Pointe, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

2523 Burns Road, Palm Beach Gardens, FL 33410

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

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

Guy M. DiVosta

Name

2523 Burns Road

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33410

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 as provided for in Chapter 608, F.S.*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

Guy M. DiVosta

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)