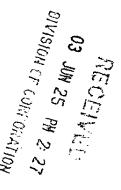
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dooding)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only









ACCOUNT NO. : 072100000032 REFERENCE : \$ 155.00 COST LIMIT : ORDER DATE: June 25, 2003 ORDER TIME : 2:03 PM ORDER NO. : 146993-005 CUSTOMER NO: 8728A CUSTOMER: Ms. Debbie Niles Feldman Koenig & Highsmith, 3158 Northside Drive Key West, FL 33040 DOMESTIC FILING NAME: SUNCREST LANDING, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Darlene Ward - EXT. 1135

ARTICLE I - Name: The name of the Limited Liability Company is: 5 UNCREST LANGUAG, CLC
ARTICLE II - Address: 625 Thungh Ave., Key West, FL 33040. The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

58 Nonthside Sr.-Florida street address (P.O. Box <u>NOT</u> acceptable)

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.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company,

(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.)

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)