

Division of Corporations

Fax Audit No. H03000226096 3

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To:

Division of Corporations
Fax Number : (850) 203-0983

From:

Account Name : LLOYD GRANET
Account Number : 074632001025
Phone : (561) 999-9300
Fax Number : (561) 999-9400

LIMITED LIABILITY COMPANY**NTB ST. LUCIE LLC.**

Certificate of Status	1
Certified Copy	0
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Lloyd Granet, Esq. 2295 NW Corporate Boulevard, Suite 235, Boca Raton, FL 33431

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NTB ST. LUCIE L.L.C.

ARTICLE II - Address:

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

11555 Heron Bay Boulevard, Suite 300
Coral Springs FL 33076

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

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

Lloyd Granet, P.A.
2295 Corporate Boulevard, Suite 235
Boca Raton FL 33431

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.

Lloyd Granet, P.A.

Lloyd Granet, Registered Agent's Signature

Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Lloyd Granet

Typed or printed name of signee

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