

Division of Corporations

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From:

Account Name : FOX, WACKEN, DUNGEY, SEELEY, SWEET, BEARD & SOBEL LLP
Account Number : 076247002541
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LIMITED LIABILITY COMPANY**TOMMY'S POINTE LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION
for
TOMMY'S POINTE LLC
A Florida Limited Liability Company

The undersigned, desiring to form a Limited Liability Company under and pursuant to Florida Statute 608, entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such Company:

1. Name. The name of this Company shall be:

TOMMY'S POINTE LLC.

2. Address. The mailing address and street address of the principal office of the Limited Liability Company is .

1100 South Federal Highway
Stuart, Florida 34994

3. Duration/Continuation. The period of this Company's duration shall be perpetual, unless terminated by the unanimous written agreement of all Members.

4. Purposes. The purpose for which this Company is being formed is to engage in any activities or business permitted for this Company under the laws in the State of Florida.

5. Registered Agent. The address of the registered office of this Limited Liability Company and the agent at said address is.

M. Lanning Fox
Fox, Wackeen, Dungey, Secley
Sweet, Beard & Sobel, LLP
1100 South Federal Highway
Stuart, Florida 34994

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 14th day of July, 2003. In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.

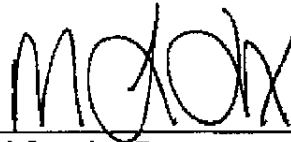

JEFFREY B. GELMAN

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ACCEPTANCE OF REGISTERED AGENT

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.



M. Lanning Fox
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
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