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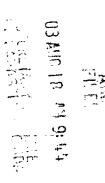
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 Phone : (561)650-0471 Fax Number : (561)650-0431 03 AUG 19 AM 8: 22 IN ISLON OF CORPORATION

LIMITED LIABILITY COMPANY

PARADISE OAKS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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ARTICLES OF ORGANIZATION OF PARADISE OAKS, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE i Name

The name of the Limited Liability Company is PARADISE OAKS, LLC.

ARTICLE II

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

1000 N. US Highway No. 1 Bahama Unit 102 Jupiter, Florida 33477

ARTICLE III
Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

GORDON GASTER 1000 N. US Highway No. 1 Bahama Unit 102 Jupiter, Florida 33477

> ARTICLE IV Management

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

In accordance with Section 608.408(3), Florida Statutes, the execution of this

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document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date:

GORPON GASTER Mamber

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That PARADISE OAKS, LLC, desiring to organize under the laws of the State of Florida, has named GORDON GASTER, located at the Registered Office of the Limited Liability Company at 1000 N. US Highway No. 1, Bahama Unit 102, Jupiter, Florida 33477, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT: 1

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.

SORDON GASTER, Registered Agent

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