Florida Department of State

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(((H03000285085 4)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

from:

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

Fax Number : (561)999-9400

LIMITED LIABILITY COMPANY

EIRE JACKSONVILLE SPE LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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in the contract

Fax Audit No. H03000285085 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: EIRE JACKSONVILLE SPE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2840 NW 2nd Avenue, Suite 102, Boca Raton FL 33431

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 NW Corporate Boulevard, Suite 235, Boca Raton, FL 33431-7330

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.

By: Lloyd Granet, Esq. - 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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