

Dec 09 '03 12:00p

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

ST. LUCIE LANDINGS, LLC

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SUNSHINE STATE TITLE LLC

006/007

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
ST. LUCIE LANDINGS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability

**1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

**ARTICLE III REGISTERED AGENT, REGISTERED
OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent
**MARTIN SHAFFER
1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

Having been named as registered agent to accept service of process for the above stated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

Managing Member:

**MARTIN SHAFFER
1597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

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007/007

PAGE 2 ST. LUCIE LANDINGS, LLC



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.

MARTIN SHAFFER

Typed or printed name of signer

APPROVED
AND
FILED

03 DEC -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA