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LIMITED LIABILITY COMPANY

TURTLE COVE, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION

OF

TURTLE COVE, LLC

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608.401, et seq., Florida Statutes (the "Act"), do sign, acknowledge and deliver in duplicate to the Secretary, Florida Department of State, these Articles of Organization.

ARTICLE I

Name

The name of the Limited Liability Company (the "Company") is **TURTLE COVE, LLC**.

ARTICLE II

Address

The mailing address and the street address of the principal office of the Company is 515 North Flagler Drive, Suite 1700, West Palm Beach, Florida 33401.

ARTICLE III

Registered Agent, Registered Office and Registered Agent's Signature

The name and the Florida street address of the Registered Agent are **Alan J. Ciklin, Esquire, 515 North Flagler Drive, #1700, West Palm Beach, Florida 33401.**

Having been named as registered agent and to accept service of process for the Company at the place designated in this Certificate, I 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.

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Registered Agent's Signature
ALAN J. CIKLIN, ESQUIRE

ARTICLE VII

Management

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

IN WITNESS WHEREOF, the parties have entered into, executed and made these Articles of Organization as of this 30th day of DECEMBER, 2003.

(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.)

TURTLE COVE, LLC

BY: 

JODIE E. EHRLICH
Signature of member
Manager Member

BY: 

BRADLEY D. MILLER
Signature of member
Manager Member

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