

03/09/2004 15:20 FAX 561655567

Division of Corporations

001

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Florida Department of State
Division of Corporations
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((H04000051372 3)))

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To:

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

From:

Account Name : GUNSTER, YOKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

LIMITED LIABILITY COMPANY

Shellbridge, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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SECRETARY OF STATE
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3-10-04

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: Shellbridge, LLC

ARTICLE II - Address:

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

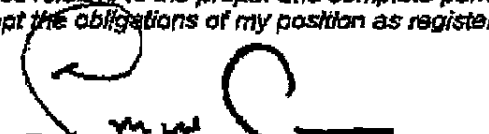
11450 Southeast Dixie Highway
Suite 202
Hobe Sound, FL 33455

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

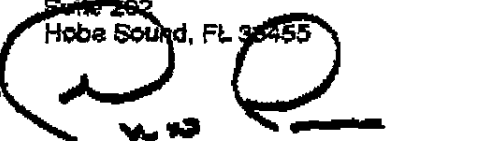
Finn M.W. Caspersen
11450 Southeast Dixie Highway
Suite 202
Hobe Sound, FL 33455

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.


Finn M.W. Caspersen
ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member are as follows:

Title	Name and Address
Managing Member	Finn M.W. Caspersen 11450 Southeast Dixie Highway Suite 202 Hobe Sound, FL 33455

REQUIRED SIGNATURE

Finn M.W. Caspersen, Managing 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.)

04 MAR -9 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED