Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000058272 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

2718 North Ocean Drive, L.L.C.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

Hactronic Filing Marks

Compresso Filing

PARIS ASSESSMENT OF PM 3: 38

3/18/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | A | K. | п | Cl | Æ | I | 4 | Νa | III e |
|------------------|---|----|---|----|---|---|---|----|-------|
|------------------|---|----|---|----|---|---|---|----|-------|

The name of the Limited Liability Company is:

2718 North Doman Drive, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: One East Eleventh Street, Suite 500, Riviera Beach, Florida 33404 Attn: John M. McTighe

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

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

CT Corporation System

Name
alo CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the plage 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..

CT Corporation System

PETER F. SOUZA

Registered Agent's Signature STATE STAT

Article IV - Management (Check box if applicable.)

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

(An additional article must be edded if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Florida Sintutes, the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)

Francia W. Murray
Typed or printed name of signee

PILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 38.00 Centified Copy (ortional)
\$ \$8.00 Centified Copy (ortional)