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ACCOUNT NO.: 07210000032 REFERENCE: 509830 4320132 AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: March 19, 2004 ORDER TIME : 2:24 PM ORDER NO. : 509830-005 CUSTOMER NO: 4320132 CUSTOMER: Ms. Jennifer Deakin Brenner Saltzman Wallman & Goldman 271 Whitney Avenue New Haven, CT 06511 DOMESTIC FILING TRURO SOUTH, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	EF ST OF ST
Truro South, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
115 Woodsend Road	115 Woodsend Road
Guilford, CT 06437	Guilford, CT 06437
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the recomponentian Service Componentian Service Componentian Name	gistered agent are:
Florida street address (P.O.	Box NOT acceptable)
Tallahassee	FLORIDA 32301

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, Florida Statutes..

City, State, and Zip

Corporation Service Company

By:

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

Manager	Mark Haversat	
	57 Greenwood Lane	
	Monroe, CT 06468	
Manager	Donna Haversat	
	57 Greenwood Lane	
	Monroe, CT 06468	
Manager	Joseph Buteau	
	115 Woodsend Road	
	Guilford, CT 06437	
Manager	Sharon Buteau	<u>.</u>
	115 Woodsend Road	
	Guilford, CT 06437	

Name and Address:

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

By: Jennifer D. Deakin, Authorized Representative
Typed or printed name of signee

Filing Fees:

5100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Title:

\$ 5.00 Certificate of Status (Optional)