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LIMITED LIABILITY COMPANY

Shinn Grove, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION OF SHINN GROVE, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is SHINN (iROVE, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 711 N. Dixie Highway, Suite 200, West Palm Beach, Florida, 33401.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Peter Harrold at 711 N. Dixie Highway, Suite 200, West Pahn Beach, Florida, 33401.

The undersigned has executed these Articles of Organization on the // day of May, 2004.

By: Articles of Organization on the // day of May, 2004.

By: Articles of Organization on the // day of May, 2004.

By: Articles of Organization on the // day of May, 2004.

By: Articles of Organization on the // day of May, 2004.

FTL: 120761-5:1

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: SHINN GROVE, LLC.
- 2. The name and address of the registered agent and office is:

Peter Harrold 711 N. Dixie Highway, Suite 200 West Palm Beach, Florida 33401

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 its 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.

Peter Harrold, Registered Agent

5/11/04 Date

SSEE, FLORIDA

FTL: 12076/i5:1