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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Ocean's Serenity LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT # 4040001099473

**ARTICLES OF ORGANIZATION
OF
Ocean's Serenity LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Ocean's Serenity LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5252 Vernon Rd., Jacksonville, Florida 32209.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Deborah L. Parsons, 5252 Vernon Rd., Jacksonville, Florida 32209. Located in the County of Duval.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Deborah L. Parsons, 5252 Vernon Rd., Jacksonville, Florida 32209


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717

(608) 827-5300

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FAX AUDIT # tt040001099473CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

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

The name of the limited liability company is: **Ocean's Serenity LLC**

The name and address of the registered agent and office is Deborah L. Parsons, 5252
Vernon Rd., Jacksonville, Florida 32209. Located in the County of Duval.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Deborah L. Parsons

Deborah L. Parsons

Date: April 26, 2004

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TALLAHASSEE, FLORIDA

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