

08/07/2004 16:00 FAX

BECKER AND POLIAKOFF

08/01/2004

Division of Corporations

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Florida Department of State  
Division of Corporations  
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MJM

To:

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

From:

Account Name : BECKER AND POLIAKOFF, P.A.  
Account Number : 072720000214  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

THE ISLAND AT MASTERS LANDING, LLC

Certificate of Status	0
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Page Count	02
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE ISLAND AT MASTERS LANDING, LLC**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**P.O. BOX 290847FT. LAUDERDALE, FL 33329**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

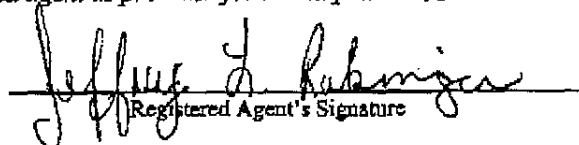
JEFFREY L RUBINGER

Name

3111 STIRLING ROADFlorida street address (P.O. Box **NOT** acceptable)FT. LAUDERDALEFLORIDA 33312

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 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..*

  
\_\_\_\_\_  
Registered Agent's Signature

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(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMRMS HOLDINGS, LLPP.O. BOX 280847FT. LAUDERDALE, FL 33329

(Use attachment if necessary)

**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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RUSSELL M. SETTI

Typed or printed name of signee

**Filing Fee:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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