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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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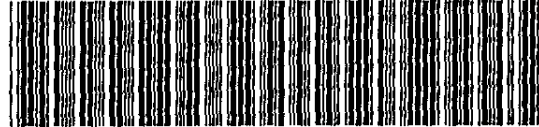
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1 JUL 22 2004  
ALLIANCE, FLORIDA  
REGISTRARS

J. BRYAN JUL 23 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEA DREAM PROPERTIES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANET OPPERMAN  
(Name of Person)

SEA DREAM HOUSING, INC.  
(Firm/Company)

8930 STATE ROAD 84 #126  
(Address)

DAVIE FLORIDA 33324  
(City/State and Zip Code)

For further information concerning this matter, please call:

JANET OPPERMAN  
(Name of Person)

at ( 954 ) 383 7168  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2004 JUL 22 PM 2:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SEA DREAM PROPERTIES LLC

FILED  
2004 JUL 22 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

8930 STATE RD 84 #126  
DAVIE, FL 33324

**Mailing Address:**

8930 STATE RD 84 #126  
DAVIE, FL 33324

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

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

JANET OPPERMAN

Name

8930 STATE RD 84 #126

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

DAVIE FLORIDA 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 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

**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:**

MGRM

SEA DREAM HOUSING, INC  
8930 STATE RD 84 #126  
DAVIE FL 33324

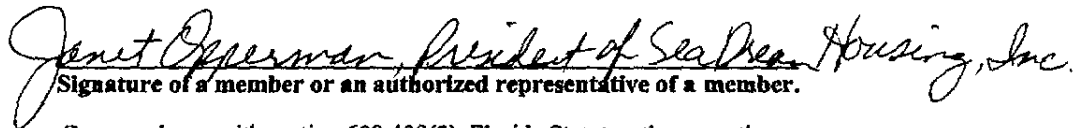
MGRM

WILLIAM KNOTT  
8930 STATE RD 84 #126  
DAVIE FL 33324

(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 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.)

JANET OPPERMAN

Typed or printed name of signee

**Filing Fees:**

\$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)