

L05000009047

Division of Corporations

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Florida Department of State
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

St. Augustine Properties, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
ST. AUGUSTINE PROPERTIES, LLC**

The undersigned adopts the following Articles of Organization for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

Name

The name of the limited liability company (the "Company") is St. Augustine Properties, LLC.

ARTICLE II

Duration

The Company shall have perpetual existence.

ARTICLE III

Mailing and Street Address of Principal Office

The mailing and street address of the Company's principal office is Highway U.S. 1 South, Suite 504, St. Augustine, Florida 32086.

ARTICLE IV

Name and Address of Registered Agent

The name of the Company's initial registered agent is Elizabeth Robins. The street address of the registered agent is 4475 Highway U.S. 1 South, Suite 504, St. Augustine, Florida 32086.

ARTICLE V

Admission of New Members

The members shall have such rights to admit new members as provided in the Operating Agreement.

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ARTICLE VI

Continuity of Business

The members shall have such rights to continue the business of the Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member as may be provided in the Operating Agreement.

ARTICLE VII


Management

The Company shall be a manager managed company. The initial manager(s) shall be:

Elizabeth Robins

4475 Highway U.S. 1 South, Suite 504
St. Augustine, Florida 32086

IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization on this 26 day of January, 2005.



Elizabeth Robins

STATE OF FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this 26 of Jan., 2005, by Elizabeth Robins who (X) is personally known to me or () produced Florida driver's license number _____ identification.



Angela M. Bunkelman
My Commission DD158830
Expires November 14, 2006


Notary Public

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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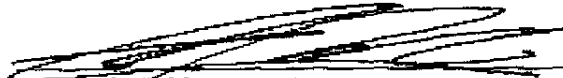
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ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept my obligations as registered agent.

DATED this 26 day of JANUARY, 2005.


Elizabeth Robins

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