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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

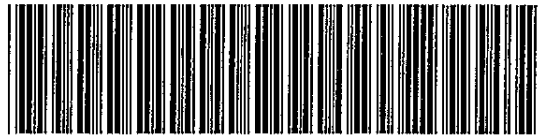
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W. P. Verifier	DCC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILED

Law Offices  
**Hershoff & Lupino, L.L.P.**

90130 OLD HIGHWAY  
TAVERNIER, FLORIDA 33070  
(305) 852-8440 • (305) 852-8848 FAX

ATTORNEYS AT LAW

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ROBERT C. STOBER  
RUSSELL A. YAGEL

LAND USE COORDINATOR  
PETER D. BACHELER

June 2, 2005

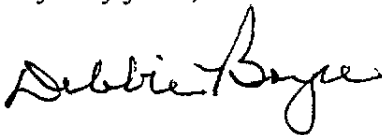
Secretary of State  
Division of Corporations  
409 E. Gaines Street  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Sandy Cove Marina, LLC

Dear Sir or Madam:

Enclosed please find Articles of Organization for the above referenced limited liability company, together with a check in the sum of \$125.00 to cover the cost of filing same. Please return the conformed Articles to our address listed in the letterhead above.

Very truly yours,



Debbie Boyce, Secretary to  
James S. Lupino

DB:db  
Enclosures

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SANDY COVE MARINA, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

**74540 OVERSEAS HIGHWAY,  
ISLAMORADA, FL 33036**

Mailing Address:

**P.O. BOX 1916  
ISLAMORADA, FL 33036**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:**

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

**JAMES S. LUPINO, ESQ.**

Name:

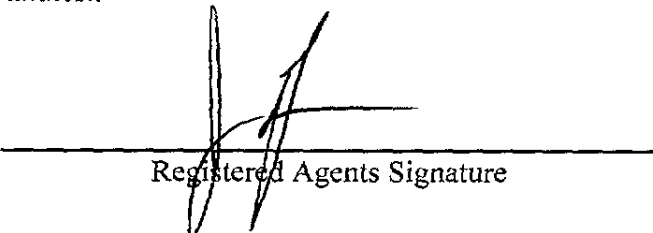
**90130 OLD HIGHWAY**

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

**TAVERNIER, FLORIDA 33070**

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 Agents Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA  
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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: \_\_\_\_\_ Name and Address:

"MGR" = Manager

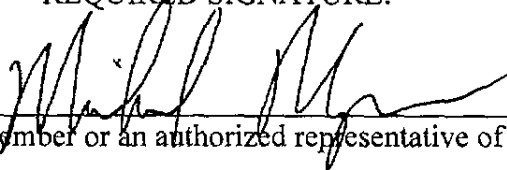
"MGRM" = Managing Member

**MGRM:** **RMD CAPITAL, LLC**  
**950 Third Avenue**  
**New York, NY 10022**

**MGRM:** **MYERS, MICHAEL**  
**318 Palm Avenue**  
**Islamorada, FL 33036**

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.)

**MICHAEL MYERS**

\_\_\_\_\_  
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)

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TALLAHASSEE, FLORIDA

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