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To:

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

From:

Account Name : SHUTTS & BOWEN, LLP, Felicia Hickey  
Account Number : 076447000313  
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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

WAKESIDE LLC

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LOS-58259  
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**ARTICLES OF ORGANIZATION OF WAKESIDE, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company (the "Company") is:

WAKESIDE, LLC

**ARTICLE II**

**Address**

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

40205 Fisher Island Drive, Fisher Island, Florida 33109

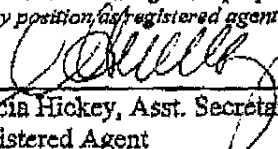
**ARTICLE III**

**Registered Agent, Registered Office, and Registered Agent's Signature**


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

Corporation Company of Miami  
201 S. Biscayne Boulevard, Suite 1500(KDC)  
Miami, Florida, 33131

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, 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, F.S.*

  
\_\_\_\_\_  
Felicia Hickey, Asst. Secretary of Corporation Company of Miami,  
Registered Agent

Date: <sup>JUNE</sup> May 13, 2005

By:   
\_\_\_\_\_  
Name: Barry Brant  
Title: Manager