

L05000074649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

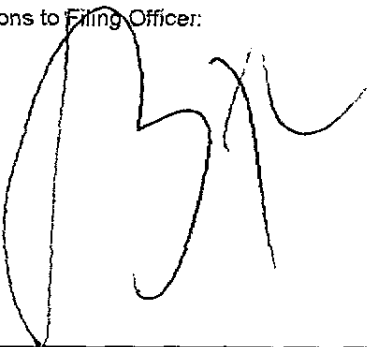
PICK-UP WAIT MAIL

(Business Entity Name)

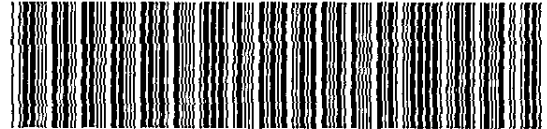
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05 JUL 29 AM 10:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512952 4305626

AUTHORIZATION

Patricia Pizute

COST LIMIT : \$ 125.00

05 JUL 29 PM 1:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 29, 2005

ORDER TIME : 9:29 AM

ORDER NO. : 512952-005

CUSTOMER NO: 4305626

CUSTOMER: Sue Metrow
Saul Ewing Llp

38th Floor, Centre Square West
1500 Market Street
Philadelphia, PA 19102

DOMESTIC FILING

NAME: EAST COAST DEVELOPMENT LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAST COAST DEVELOPMENTS LLC

ARTICLE II - Address:

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

Principal Office Address:

850 Symphony Lane

Blue Bell, PA 19422

Mailing Address:

850 Symphony Lane

Blue Bell, PA 19422

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

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

Bill Laphen

Name

43 Fullerwood Drive

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

St. Augustine FLORIDA 32084

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

Michael G. Shertz

850 Symphony Lane

Blue Bell, PA 19422

MGRM

Lizabeth P. Shertz

850 Symphony Lane

Blue Bell, PA 19422

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Susan M. Metrow

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.)

SUSAN M. METROW

Typed or printed name of signer

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)