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LIMITED LIABILITY COMPANY

Stirling Associates LLC

Certificate of Status	0
Certified Copy	1
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## FAX AUDIT # HOSOCO > LUI = 23

#### ARTICLES OF ORGANIZATION **OF** Stirling Associates LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Stirling Associates LLC

**ARTICLE II** PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1883 Polo Lake Drive East, Wellington, Florida 33414.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Edward Forbes, 1883 Polo Lake Drive East, Wellington, Florida 33414. Located in the County of Palm Beach.

ARTICLE IV **DURATION** 

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V **MANAGERS/MEMBERS** 

The management of the limited liability company is reserved for the Managers and that name and address of the manager of the Limited Liability Company is:

Edward Forbes, 1883 Polo Lake Drive East, Wellington, Florida 33414

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # HOSOODUILI 223

### FAX AUDIT # HOSTON DULL 223

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Stirling Associates LLC

The name and address of the registered agent and office is Edward Forbes, 1883 Polo Lake Drive East, Wellington, Florida 33414. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: November 9, 2005

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