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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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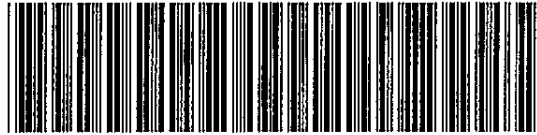
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 720159 10463A

AUTHORIZATION :

*Carina Dunlap*

COST LIMIT : \$ 155.00

ORDER DATE : November 22, 2005

ORDER TIME : 2:24 PM

ORDER NO. : 720159-005

CUSTOMER NO: 10463A

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: SPENCER LIME, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
SPENCER LIME, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is SPENCER LIME, LLC.

**ARTICLE II**

This limited liability company shall become EFFECTIVE NOVEMBER 22, 2005, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 2000 Glades Rd., Ste 324, Boca Raton, FL 33431. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is **FRED C. COHEN**, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

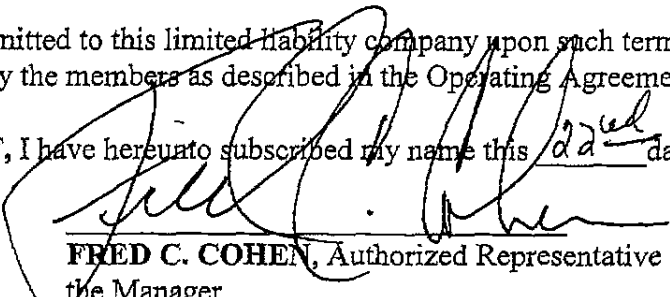
**ARTICLE V**

The management of this limited liability company shall be vested in a manager and is, therefore, a manager-managed company. The initial manager is GILBERT SPENCER, 2000 Glades Rd., Ste 324, Boca Raton, FL 33431.

**ARTICLE VI**

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

**IN TESTIMONY WHEREOF**, I have hereunto subscribed my name this 22<sup>nd</sup> day of November, 2005.

  
**FRED C. COHEN**, Authorized Representative of  
the Manager

**FILED**  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **SPENCER LIME, LLC**, a Florida Limited liability company, with its office at 2000 Glades Rd., Ste 324, Boca Raton, Florida 33431, has named **FRED C. COHEN**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408, as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 

**FRED C. COHEN,**  
Registered Agent

STATE OF FLORIDA )

COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of November, 2005 by **FRED C. COHEN**, who is personally known to me or who has produced Florida State Driver's License Number \_\_\_\_\_ as identification and who did ( ) or did not (X) take an oath.

Executed this 22<sup>nd</sup> day of November, 2005.

  
Signature of Notary

Printed Name: **LARISSA K. LINCOLN**

My Commission Expires:

My Commission Number:

LLArticlesSPENCER LIMEFCC.doc