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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

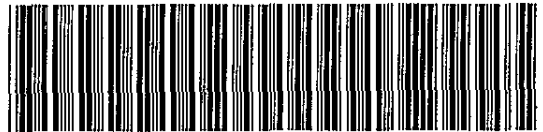
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STATE
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LANGSTON, HESS, BOLTON, SHEPARD & AUGUSTINE

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REPLY TO MAITLAND

December 21, 2005

Mr. Robert Astorino
551 Barberry Lane
Louisville, KY 40206

Re: St. Armands Group, LLC

Dear Mr. Astorino:

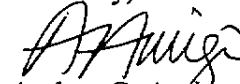
Enclosed please find the Articles of Organization for St. Armands Group, LLC.

1. Please sign page 2 of the Articles of Organization above your name.
2. Please make a check payable to the Florida Department of State for \$130.00 for the filing fee and certificate of status.

We have enclosed a Federal Express envelope with postage for your convenience. Once you have signed the Articles and executed a check, please take the package to a Federal Express location for delivery.

If you have any questions or would like further information, please feel free to contact me.

Sincerely,


Andrea G. Amigo

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Armands Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert L. Astorino

(Name of Person)

St. Armands Group, LLC

(Firm/Company)

4251 Spruce Creek Road, Suite I-1

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Astorino

(Name of Person)

at

502

(Area Code & Daytime Telephone Number)

718-7100

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

St. Armands Group, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4251 Spruce Creek Road, Suite I-1
Port Orange, FL 32127

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Clifford B. Shepard

Name

111 S. Maitland Avenue

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

Maitland FL 32794

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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Robert L. Astorino

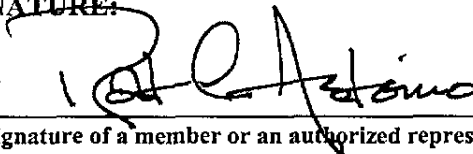
4251 Spruce Creek Road, Suite I-1

Port Orange, FL 32127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

x 

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.)

Robert L. Astorino

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA