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| Broad + Cassel (Requestor's Name) |
|--|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL |
| (Business Entity Name) (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |

Office Use Only



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SECRETARY OF STATE
ASSECRETARY OF STATE

COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|---|--|
| SUBJECT: EH Wa | terfront Retail, LLC | | |
| 50b3EC1. | | d Liability Company) | |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | د |
| Please return all corresp | ondence concerning this matte | er to the following: | SEC SEC |
| Kevin Don | aghy | | PHO B |
| | (| Name of Person) | SSEE FIS |
| | (| Firm/Company) | Ser of |
| 1010 Oce | an Shore Blvd. | | |
| | | (Address) | |
| Ormond E | Beach, FL 32176 | | |
| | (City | /State and Zip Code) | |
| For further information | concerning this matter, please | call: | |
| Kevin Donaghy | | at (386) 441-239 | 7 |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for | or 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

| ARTICLE I - N The name of the | ame: Limited Liability Compa | ry is: "Limited Company" or their abbreviation "LLC." or "L.C") |
|---|---|--|
| EH Waterfront R | etail, LLC | English to the second s |
| (Must end with the wo | ords "Limited Liability Company, | "Limited Company" or their abbreviation "LLC." or "L.C") |
| ARTICLE II - A | Addroce+ | De la companya de la |
| | | the principal office of the Limited Liability Company is: |
| _ | | |
| Principal Office | Address: | Mailing Address: |
| 1010 Ocean Shore | Blvd. | 1010 Ocean Shore Blvd. |
| Ormond Beach, FL | 32176 | Ormond Beach, FL 32176 |
| (The Limited Liability | Company cannot serve as its own | stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) | n Registered Agent. You must designate an individual or another |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o | stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another If the registered agent are: |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o Kevin Donaghy | n Registered Agent. You must designate an individual or another |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o Kevin Donaghy | f the registered agent are: |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o Kevin Donaghy 1010 Ocean Shore Bl | f the registered agent are: |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o Kevin Donaghy 1010 Ocean Shore Bl | n Registered Agent. You must designate an individual or another If the registered agent are: Name |
| (The Limited Liability business entity with | Company cannot serve as its own an active Florida registration.) e Florida street address o Kevin Donaghy 1010 Ocean Shore Bi Florida str Ormond Beach | Name Name Od. Peet address (P.O. Box NOT acceptable) |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than to or 90 days after the date of filing.) | | | |
|---|---|--|--|
| (A) | (Use attachment if necessa | | |
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| 0101 | | | |
| Robe | МСРМ | | |
| uper. | "MGRM" = Managing Mer | | |
| | "MCR" = Manager | | |
| <u>uen</u> | Title: | | |
| | Robe 1010 Omno (y) er than the date of fi | | |

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.)

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2