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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Metropolitan 705 Investment LLC

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- Art of Inc. File _____
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- L.C. File _____
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- Trade/Service Mark _____
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- Certificate of Good Standing _____
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Signature

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Metropolitan 705 Investment 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:

820 Prudential Drive
Suite 606
Jacksonville, FL 32207

Mailing Address:

820 Prudential Drive
Suite 606
Jacksonville, FL 32207

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:

Christopher L. Nuland
Name

1000 Riverside Avenue, Suite 115
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32204
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)

Additional Managing Member:

John Theodore Woeste
13866 White Heron Place
Jacksonville, FL 32224

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

Todd Rappaport

1901 1st Street North #1206

Jacksonville Beach, FL 32250

MGRM

J. Francisco Jimenez

116 Seven Iron Court

Ponte Vedra Beach, FL 32082

MGRM

Cheryl L. Dixon

144 Sea Island Drive

Ponte Vedra Drive, FL 32082

MGRM

Timothy G. Quigley

PO Box 2413

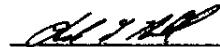
Ponte Vedra, FL 32204

(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:



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.)

Christopher L. Nuland

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)