

Ø 001/003 Page 1 of 1

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000085509 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: STEARNS WEAVER MILLER, ET AL.

Account Number: 076077002504 Phone

: (305)789-3200

Fax Number

: (305)789-3395

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SB ST. LUCIE GROVE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN MAR 3 1 2006

H06000085509 3

ARTICLES OF ORGANIZATION OF SB ST. LUCIE GROVE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florido Limited Liability Company Act, Florida Statutes (1995) Chapter 608, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is SB ST. LUCIE GROVE, LLC (the "Company").

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Company is 2005 West Cypress Creek Road, Suite 202, Fort Lauderdale, Florida, 33309.

ARTICLE III DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV REGISTERED OFFICE AND AGENT AND ADDRESS

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

Name

<u>Address</u>

Samuel Butters

2005 West Cypress Creek Road Suite 202 Ft. Lauderdale, FL 33309

H06000085509 3

IN WITNESS WHEREOF, the undersigned has made and subscribed these Arts

Organization for the foregoing uses and purposes this 30 day of March; 2006

Samuel Butters

Authorized Representative of Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited partnership submits the following statement to designate a registered office and registered agent in the State of Florida.

- 1. The name of the Partnership is SB St. Lucie Grove, LLC.
- The name and street address of the registered agent and office are:

Samuel Butters 2005 West Cypress Creek Road Suite 202 Ft. Lauderdale, FL 33309

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.

Semilel Butters

I:\W-CO\04761\013\AOO-SB \$t Lucie.wpd