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CARLTON FIELDS-TA

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Division of Corporations

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Equinox at Tradition, LLC

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001/004

CARLTON FIELDS
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FAX COVER SHEET

Date:	April 11, 2006	Phone Number	Fax Number
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Message: ATTACHED ARE ARTICLES OF ORGANIZATION FOR EQUINOX AT TRADITION, L.L.C.
PLEASE RETURN A CERTIFIED COPY AND A CERTIFICATE OF STATUS FOR THE DOCUMENT
TO ME VIA FACSIMILE. THANK YOU.

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow via Overnight Courier

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(((006000096091 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

EQUINOX at TRADITION, LLC

ARTICLE II - Address:

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

c/o Equinox Companies
116 Wolf Road
Albany, New York 12205

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:

CFRA, LLC

Name

4221 W. Boy Scout Boulevard, Suite 1000Florida street address (P.O. Box ~~NOT~~ acceptable)Tampa, Florida 33607

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)

M:\29699\2423\Equinox at Tradition LLC.wpd

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

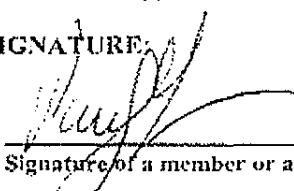
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMJ. Eric Kingc/o Equinox Companies116 Wolf RoadAlbany, New York 12205**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.)

Paul J. Goldman, Esq., Authorized Representative

Typed or printed name of signer

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of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**FILED
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