## LU6000043391

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip	/Phane #)
PICK-UP WA	NT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
Certified Copies Certi	ificates of Status
Special Instructions to Filing Offic	er.
	<i>J</i> 1
Office U	Jse Only



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2006 APR 26 PH 12: 57
SECRETARY OF STATE
SECRETARY OF STATE

RECEIVED



ACCOUNT NO. : 072100000032

REFERENCE: 062639 4804484

AUTHORIZATION

COST LIMIT : \$\int\_{125.00}\$

ORDER DATE :	April 25, 2006	-	Tale Tale
ORDER TIME :	8:35 AM	F .	岛影
ORDER NO. :	062639-005	,	SER M
CUSTOMER NO:	4804484		

EXAMINER'S INITIALS:

## DOMESTIC FILING

NAME: OCEAN REEF DOCK, LLC

<u>XX</u>	ARTICLE	ES OF	r orgai	IIZAȚI(	NC				
PLEASE	RETURN	THE	FOLLOW	VING AS	S PR	OOF	OF	FILIN	G:
XX	PLAIN	STAM	MPED CO	PY					
CONTACT	PERSON	V: 7	Amanda	Haddaı	n -	EXT.	. 29	55	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
OCEAN REEF DOCK, LLC	
(Must end with the words "Limited Liability Compa	ny, "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:
31 Ocean Reef Drive, Dock DS5	31 Ocean Reef Drive, Dock DSS
Key Largo, FL 33037	Key Largo, FL 33037
	s of the registered agent are:
	Name
1201 Hays Street	
Florida	a street address (P.O. Box <u>NOT</u> acceptable)
Taliahassee	FL 32301
C	ity, 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..

By: Cynthia L. Harris
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member	<del>-</del>		
WORDY - Wanaging Weinber			
MGR	Jeffrey P. Orleans		
·	3333 Street Road, One Greenwood Square, Suite 101		
	Bensalem, PA 19020		
<del></del>			
	, <del></del>		
(Use attachment if necessary)			
A THERMOOT AN ATTACKNESS CO. A. A. C. C. C. C. C. C.	(ODT(O) (4)		
ARTICLE V: Effective date, if other that	ust be specific and cannot be more than five business days prior		
to or 90 days after the date of filing.)	ase we specific and earlies we more man in a business days prior		
<b>.</b>			
REQUIRED CYCLL MUDE.			
<u>REQUIRED</u> SIGNATURE:			
7			
The state of the s			
Signature of a d	ember or an authorized representative of a member.		
of this document	with section 608.408(3), Florida Statutes, the execution tensitutes an affirmation under the penalties of perjury stated herein are true.)		
By: Stacey L.	Thomas		
	Typed or printed name of signee		
Filing Fees:			
<u> </u>			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)