P.01/03

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BUTZEL LONG

Account Number : 105147001567

Phone : (561)358-2151

Fax Number

: (561)368-4668

CORPORATION	DA/FOREIGN LIMITED LIABILITY CO. ST. LUCIE PEACOCK, LLC		
9	Certificate of Status	0	
	Certified Copy	1	
VISION	Page Count	02	
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ARTICLES OF ORGANIZATION

06 MAY -2 AM 10: 30

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ST. LUCIE PEACOCK, LLC

The undersigned acting as organizer of ST. LUCIE PEACOCK, LLC under the Florida Limited Liability Company Act, adopt the following Articles of Organization for said limited liability company.

ARTICLE I NAME

The name of the limited liability company shall be ST. LUCIE PEACOCK, LLC (the "LLC").

ARTICLE II BUSINESS ADDRESS AND REGISTERED AGENT

The street address of the place of business and the mailing address in this State of the LLC shall be c/o BUTZEL LONG, P.C., Suite 420, 1200 North Federal Highway, Boca Raton, FL 33432 and the initial registered agent shall be John J. Raymond, Jr. located at c/o BUTZEL LONG, P.C. Suite 420, 1200 North Federal Highway, Boca Raton, FL 33432.

ARTICLE III MANAGEMENT

The LLC is to be managed by a Manager. The name and address of the Manager of the LLC is:

Debra Gorski 3921 Iris Waterford, MI 48329

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 212 day of May, 2006.

John J. Raymond, Jr.

Organizer

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CERTIFICATE DESIGNATING PLACE OF BUSINESS WHOM PROCESS MAY BE SERVED

In compliance with Section 608.415 and 608.507, Florida Statutes, the following is submitted:

That ST. LUCIE PEACOCK, LLC desiring to organize under the laws of the State of Florida, with its principal place of business at c/o BUTZEL LONG, P.C. Suite 420, 1200 North Federal Highway, Boca Raton, FL 33432 has named John J. Raymond, Jr. located at c/o BUTZEL LONG, P.C. Suite 420, 1200 North Federal Highway, Boca Raton, FL 33432 as its agent to accept service of process within Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING THE AGENT UPON of my duties.

John J. Raymond Dr.

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SECRETARI OF STATE
TALLAHASSEE FLORING