

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## SH Lucien Point, LLC

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**ARTICLES OF ORGANIZATION  
FOR  
SH Lucien Point, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **SH Lucien Point, LLC**.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 8211 West Broward Blvd., PH-2, Plantation, Florida 33324.

**ARTICLE III  
Duration**

This period of duration for the Limited Liability Company shall be: **PERPETUAL**.

**ARTICLE IV  
Purpose**

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

**ARTICLE V  
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Ellen Rose, Esq.

**ARTICLE VI  
Manager-Managed Company**

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

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The undersigned authorized representative of a member of SH Lucien Point, LLC, hereby  
executes these articles of organization on this 7 day of May, 2006.

*Ellen Rose*

ELLEN ROSE/ESQ., authorized representative by  
Power of Attorney

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **SH Lucien Point, LLC**.
2. The name and the Florida street address of the registered agent and office are:

Ellen Rose, Esquire  
Therrel Baisden, P.A.  
SunTrust International Center  
One S.E. 3rd Avenue, Suite 2950  
Miami, Florida 33131

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.

  
Ellen Rose, Esq.

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