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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Masters 1973, LLC

Certificate of Status	0
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FAX AUDIT # 4060001402263

**ARTICLES OF ORGANIZATION
OF
Masters 1973, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Masters 1973, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1556 NW Amherst Drive, Port Saint Lucie, Florida 34986.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Douglas Ballenger, 1556 NW Amherst Drive, Port Saint Lucie, Florida 34986. Located in the County of Saint Lucie.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.


ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Douglas Ballenger, 1556 NW Amherst Drive, Port Saint Lucie, Florida 34986

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Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # 4060001402263

FAX AUDIT # H060001402243CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Masters 1973, LLC**

The name and address of the registered agent and office is Douglas Ballenger, 1556 NW
Amherst Drive, Port Saint Lucie, Florida 34986. Located in the County of Saint Lucie.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


Douglas BallengerDate: 5 / 18 / 2006

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SECRETARY OF STATE,
TALLAHASSEE, FLORIDAFAX AUDIT # H060001402243