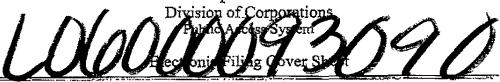
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL,

Account Number : 076077000521

: (954)527-2428

Phone Fax Number

: (954)333-4001

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9/21/2006

ARTICLES OF ORGANIZATION OF SC TWIN RIVERS, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is SC TWIN RIVERS, LLC (the "Company").
- MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 950 Jefferson Street, Hollywood, Florida 33019.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Conganization, is: Steven Caster at 950 Jefferson Street, Hollywood, Florida 33019.

The undersigned has executed these Articles of Organization on the 20 day of September,

2006.

Stevon Caster, Authorized Representative

FTL:1913201:1

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/RECHSTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the limited liability company is: SC TWIN RIVERS, LLC.
- The name and address of the registered agent and office is:

Steven Caster 950 Jefferson Street Hollywood, Florida 33019

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 its 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.

Steven Caster, Registered Agent

Date

DIVISOR TARY OF STATE OF STATE

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