

L06000107025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

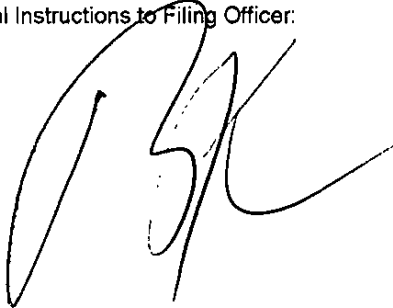
PICK-UP WAIT MAIL

(Business Entity Name)

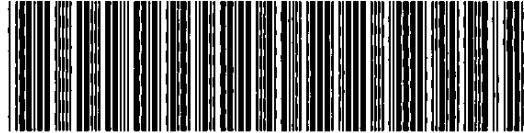
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



300081035713

11/03/06--01026--019 **875.00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 NOV -3 PM 1:52

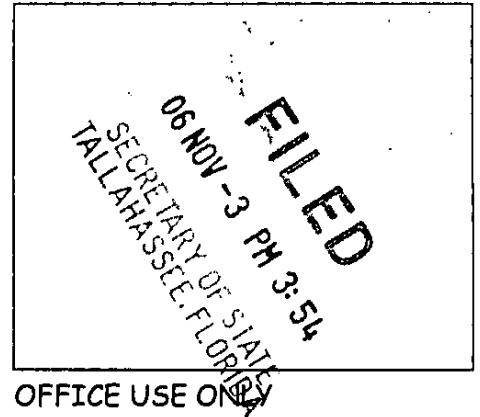
RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV -3 PM 3:54

FILED

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. SHELTER VENETIAN ISLE I LLC

CK# 2237

AMOUNT \$875.00 (\$125.00 FOR THIS FILING)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

- CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

06 NOV -3 PM 3:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHELTER VENETIAN ISLES I LLC

ARTICLES OF ORGANIZATION

The undersigned does hereby certify pursuant to Florida Statutes § 608.407, that she is duly authorized to execute these Articles of Organization of Shelter Venetian Isles I LLC (the "Company") and does further certify as follows:

1. Name. The name of the limited liability company is Shelter Venetian Isles I LLC.
2. Principal Office: The mailing and street address of the principal office of the limited liability company is 1600 Hopkins Crossroads, Minneapolis, Minnesota 55305-2026.
3. Registered Agent. The name and address of the registered agent of the Company for service of process required to be maintained pursuant to Florida Statutes § 608.415 is C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

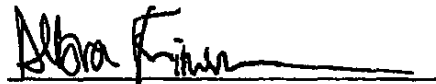
Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 of the Florida Statutes.


Signature of Registered Agent

M.C. Summer PaVon
Assistant Secretary

4. Registered Office. The mailing and street address of the registered office of the Company required to be maintained pursuant to Florida Statutes § 608.415 is C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed this 2nd day of November 2006.


Debra H. Frimmerman, Duly Authorized
Representative of a Member