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TALLAHASSEE, FLORIDA

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December 13, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Hammondville Shoppes, LLC

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FILED  
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**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION  
FOR HAMMONDVILLE SHOPPES, LLC**

**FILED**  
06 DEC 13 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company: HAMMONDVILLE SHOPPES, LLC.

2. The nature of business to be transacted or the purpose to be promoted or carried out by the limited liability company as follows: The purpose of the Limited Liability Company is to engage in any lawful act or activity for which the limited liability companies may be formed under the Limited Liability Company Act of the State of Florida (the "Act"), except (a) rendering "professional services" as defined in the Act; and (b) transacting the business of an insurance company or a surety or indemnity company. Except as expressly provided, the foregoing statement is not intended to limit or restrict in any manner the exercise of all powers conferred upon the Limited Liability Company by the Act.

3. Principal office and Mailing address: 801 W. McNab Road, Pompano Beach, FL 33060.

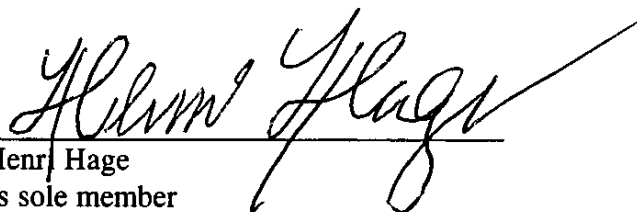
4. Name and address of the initial registered agent to accept service of process: David R. Roy, Esq. at 4209 N. Federal Hwy., Pompano Beach, FL 33064.

5. The latest date upon which the Limited Liability Company will dissolve: Fifty (50) years from December 1, 2006.

6. The business and affairs of the Limited Liability Company will be managed by the sole member, Henri Hage as Manager.

Dated: December 12<sup>th</sup>, 2006.

Name and Capacity of Signatory:

  
\_\_\_\_\_  
Henri Hage  
as sole member

State of Florida  
County of Broward

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of December, 2006 by Henri Hage, as sole member, and who is personally known to me or who produced his drivers license as identification.

  
\_\_\_\_\_  
Notary Public



David R. Roy  
MY COMMISSION # DD256346 EXPIRES  
November 24, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.

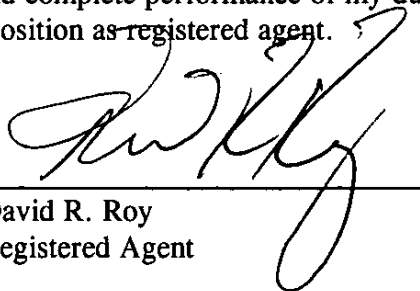
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office in the State of Florida.

1. The name of the corporation is HAMMONDVILLE SHOPPES, LLC.
2. The name and address of the registered agent and office is:

David R. Roy, Esq.  
4209 N. Federal Hwy.  
Pompano Beach, FL 33064

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.

  
\_\_\_\_\_  
David R. Roy  
Registered Agent