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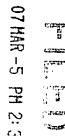
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SECRETARY OF STATE



COVER LETTER

TO:	Registration Se Division of Cor					·
SUBJE	ECT: Waterfr	ont Group FL, LLC	I ishility Compo			
		(Name of Limited	i Liability Compa	ny)		
The en	closed Articles of	f Organization and fee(s) are su	bmitted for filing	,		
Please	return all corresp	ondence concerning this matte	r to the following:			
	Martin M. E	Brennan, Jr.				
		()	Name of Person)			
	Brennan La	aw Firm, PLLC				
		(Firm/Company)		IAI	97 SE 97
	17115 Ker	nton Drive, Suite 20)4A			HAR-5
			(Address)			SS 5 T
	Cornelius,	North Carolina 28	031			
		(City.	State and Zip Code)		2: 3: 15.121 1.0RI
For fu	ther information	concerning this matter, please	call:			중 등 등
Mart	in M. Brenna	an, Jr.	at (704	896-644		
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)	
Enclo	sed is a check fo	or the following amount:				
√ \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	у	\$160.00 Filin Certificate of St Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation duilding secutive Center see, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	,
Waterfront Group FL, LLC	· .	
(Must end with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LL	C," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	•
17505 West Catawba Avenue, Suite 350	SAME	
Cornelius, North Carolina 28031		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the control of	dual or another
The name and the Florida street address	s of the registered agent are:	CRETA
CT Corporation Syst	tem	SSA OI
	Name	TAR BUIL
1200 South Pine Is	land Road	2: 3 LORI
Florida	street address (P.O. Box NOT acceptable)	₽F 86
Plantation	FL 33324	
Cr	ty, State, and Zip	•
Having have some Januaria		

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.

DALE W. MORRIS
ASSISTANT VICE PRESIDENT
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana		Name and Address:	
MGRM = Ma	anaging Member	William N. Adkins	•
11101111		17505 West Catawba Avenue, Suite 350	
		Cornelius, North Carolina 28031	
110014		Adams D. Addison	•
MGRM		Mark R. Adkins 17505 West Catawba Avenue; Suite 350	
		Cornelius, North Carolina 28031	
		Corredge, Notal Caronial 2000 1	<u> </u>
		· .	
	·		
			
(Use attachmen	nt if necessary)		
CLE V: Effective	e date, if other than th		PTIONAL)
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CLE V: Effective effective date is left days after the	e date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a mem (In accordance with of this document cort that the facts states	be specific and cannot be more than five businesses to a nauthorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury	iness days p O7 MAR -5 FALL AHASSE

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)