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15TH FLOOR • TWO CHATHAM CENTER • PITTSBURGH, PA 15219 (412) 454-0200 • FAX. (412) 281-6622

Tracey L. Maier (412) 454-0236 tmaier@williamscoulson.com

March 14, 2007

VIA FEDERAL EXPRESS

Department of State, Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Articles of Organization for Boru Florida Leisure Services, LLC

Dear Sir or Madam:

Please find enclosed the following:

- 1. Articles of Organization for Boru Florida Leisure Services, LLC.
- 2. Check for \$130 for the filing fee & certificate of status, made payable to the Florida Department of State.

Please send any receipts or correspondence back to me at the following address:

Tracey L. Maier, Esq. Williams Coulson 1500 Two Chatham Center Pittsburgh, PA 15219.

If you should have any questions or comments, please contact me immediately at (412) 454-0236.

Very truly yours, Marcy L. Marer

Tracey L. Maier

{WC2373101}

WILLIAMS COULSON JOHNSON LLOYD PARKER & TEDESCO, LLC

IRS CIRCULAR 230 TAX ADVICE DISCLAIMER: Any federal tax advice contained in this communication (including attachments or enclosures) is not intended or written to be used, and it cannot be used, for the purpose of (1) avoiding any penalty that may be imposed by the Internal Revenue Service or (2) promoting, marketing or recommending any transaction or matter.

COVER LETTER

	egistration Solivision of Co			,
SUBJECT	r: <u>Boru F</u>	lorida Leisure Service		
		(Name of Limite	d Liability Company)	
The enclos	sed Articles o	f Organization and fee(s) are s	submitted for filing.	0.
Please retu	ım all corresp	ondence concerning this matte	er to the following:	OT MAR V5 PH 2:
Tr	acey L. N	⁄laier, Esq.		5
		(Name of Person)	J.
W	illiams C			PZ 2
			(Firm/Company)	22
15	500 Two	Chatham Center		
			(Address)	· · · · · · · · · · · · · · · · · · ·
<u>Pi</u>	ttsburgh	, PA 15219		
		(City	/State and Zip Code)	•
For further	information	concerning this matter, please	call:	
Tracey	L. Maier,	Esq.	at (412) 454-023 (Area Code & Daytime To	6
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed	is a check fo	or the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
,	Sarry is:
Boru Florida Laisura Services, LLC	7 95 P
(Must end with the words "Limited Liability Compar	oy, "Limited Company" or their abbreviation "LLC," or "L.C.")
	A RECO
ARTICLE II - Address:	·
The mailing address and street address of	of the principal office of the Limited Liability Company is:
	n gr
Principal Office Address:	Mailing Address:
Signification	1111 N. Congress Avenue
1111 N. Congress Avenue	West Palm Beach, FL 33409
West Palm Beach, FL 33409	Pres Pant Deach, PL 30408
ARTICLE III - Registered Agent, Re-	dstered Office, & Registered Agent's Signature:
(The Limited Limbility Company caused serve as us of business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Sean Rooney	

Name

302 Sembreeze Avenue

Florida street address (P.O. Box NOT acceptable)

Palm Beach, FL 33480

₹.

City, State, and Zip

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 A 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	<u>Name and Address:</u>
MGR	Sean Rooney
-	302 Sesbreeze Avenue
	Palm Beach, FL 33480
<u></u>	
	
LRV- Effective date if other th	nan the date of filing: (OPTIO) must be specific and cannot be more than five business d
LEV: Effective date, if other the feetive date is listed, the date a days after the date of filing.)	nan the date of filing: (OPTION must be specific and cannot be more than five business d
days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing:
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REOURED SIGNATURE: Signature of a (in accordance of this document)	nust be specific and cannot be more than five business d
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REOURED SIGNATURE: Signature of a (in accordance of this docume that the facts	ments be specific and cannot be more than five business d member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution int constitutes an affirmation under the penalties of perjury stated herein are true.) Authorized Representative
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REOURED SIGNATURE: Signature of a (in accordance of this docume that the facts	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of constitutes an affirmation under the penalties of perjury stated herein are true.)
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Page 2 of 2