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| (R | equestor's Name) |
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| (A | .ddress) |
| (A | ddress) |
| , | |
| (C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (В | Business Entity Name) |
| | |
| (D | Occument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | |
| Special instructions to | Priling Officer: |
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Office Use Only



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DEFARTMENT OF STATE
DIVISION OF CORPORATION



| ACCOUNT NO. : | 7 | 250 250 250 250 250 250 250 250 250 250 |
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| REFERENCE : | 870600 4805245 | 40 |
| AUTHORIZATION : | guelo ble man | £1.0 |
| COST LIMIT : | (\$\)125.00 | RICH |
| ORDER DATE : April 26, 200 | 7 | |
| ORDER TIME : 4:42 PM | | |
| ORDER NO. : 870600-005 | | |
| CUSTOMER NO: 4805245 | | |
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| DOMESTIC F | <u>[LING</u> | |
| NAME: 93 BOURNE | LANE, LLC | |
| | | |
| EFFECTIVE | DATE: | |
| ARTICLES OF INCORPOR | | |
| | AD DARTMERCHID | |
| CERTIFICATE OF LIMIT XX ARTICLES OF ORGANIZA | | |
| XX ARTICLES OF ORGANIZA | rion | |
| | rion | |

EXAMINER'S INITIALS:

CONTACT PERSON: Troy Todd - EXT. 2940

| ARTICLES OF ORGANIZATION FOR FI | ORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | TALLER TO |
| | 27 |
| 93 Bourne Lane, LLC | 02 0 |
| (Must end with the words "Limited Liability Company, "Limit | ed Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | 50 5 |
| The mailing address and street address of the pr | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 93 Bourne Lane | 7936 Gannon Avenue |
| Rosemary Beach, Florida 32461 | St. Louis, Missouri 63130 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | |
| The name and the Florida street address of the r | egistered agent are: |
| Corporation Service Com | pany |
| Name | |
| 1201 Hays Street | |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Tallahassee | FL 32301 |
| City, State, a | nd 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, 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..

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 | Patricia Mercurio |
|----------------------------------|-------------------------------|
| | 7936 Gannon Avenue |
| | St. Louis, Missouri 63130 |
| MGR | Jack Mercurio |
| | 7936 Gannon Avenue |
| | St. Louis, Missouri 63130 |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | |
| EV: Effective date, if other tha | n the date of filing: (OPTION |

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David S. Lang, authorized representative of the members

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)