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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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ACCOUNT NO. : 072100000032

CONTACT PERSON: Troy Todd - EXT. 2940

REFERENCE: 021886 4804484

COST LIMIT ! ORDER DATE: July 23, 2007 ORDER TIME : 3:16 PM ORDER NO. : 021886-005 CUSTOMER NO: 4804484 DOMESTIC FILING 1101 HIGHLAND BEACH, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP . XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1101 Highland Beach, LLC		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is		

Principal Office Address:	Mailing Address:
4117 South Ocean Boulevard	4117 South Ocean Boulevard
Highland Beach, FL 33487	Highland Beach, FL 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation	Service Company
	Name
1201 Hays S	treet
	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	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. 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.

By: Kelley CoKelli, Asst Secretary

Registered Agent's Sighardre (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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	mber
MGRM	Stanley Tulin
	4117 South Ocean Boulevard
	Highland Beach, Florida 33487

•	
•	
(Use attachment if necessa	ry)
•	unon filing
ARTICLE V: Effective date, if oth	ner than the date of filing: upon filing (OPTIONAL)
to or 90 days after the date of filin	ate must be specific and cannot be more than five business days prior
to or young and the day of min	
<u>REQUIRED</u> SIGNATUR	tE:
apro	thy a Cutter
Signature	of a njember or an authorized representative of a member.
of this doc	ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
Dorot	hy L Cutter, Organizer
	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)