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FOWLER WHITE BURNETT

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SOLSTICE ADVENTURE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Audit No. H07000262364 3

ARTICLES OF ORGANIZATION  
OF  
SOLSTICE ADVENTURE, LLC

ARTICLE I

The name of the limited liability company formed hereby is **SOLSTICE ADVENTURE, LLC** (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

420 Lincoln Road, Suite 360  
Miami Beach, Florida 33139

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

J. Michael Pennekamp, Esq.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

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ARTICLE V

The Limited Liability Company shall be manager-managed.




J. Michael Pennekamp,  
as Authorized Representative of the Members

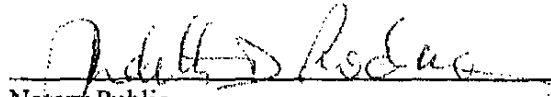
STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

Before me personally appeared J. Michael Pennekamp, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced \_\_\_\_\_ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 23 day of October, 2007.

NOTARY PUBLIC-STATE OF FLORIDA  
 Judith D. Rodman  
Commission # DD469468  
Expires: OCT. 18, 2009  
Bonded Thru Atlantic Bonding Co., Inc.

  
Notary Public  
Print Name: JUDITH D. RODMAN  
My Commission expires: 10/18/2009

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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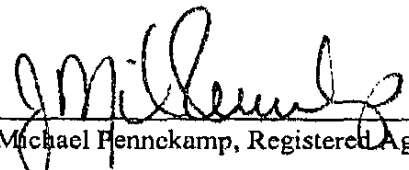
CERTIFICATE OF DESIGNATION  
OF RESIDENT AGENT AND  
ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SOLSTICE ADVENTURE, LLC.
2. The name and address of the Registered Agent and Office is:

J. Michael Pennekamp, Esq.  
1395 Brickell Avenue, 14th Floor  
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

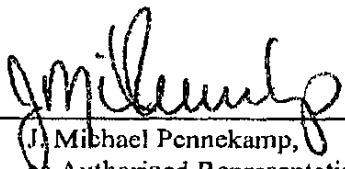
  
\_\_\_\_\_  
J. Michael Pennekamp, Registered Agent  
Date: 10/23/07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SOLSTICE ADVENTURE, LLC

By:   
\_\_\_\_\_  
J. Michael Pennekamp,  
as Authorized Representative  
of the Members

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[jdr] W:\TMP\GPV7-093.JDR (10/23/7-13:40)