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ORIDA/FOREIGN LIMITED LIABILITY CO.

Harbor Club St Augustine, LLC

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11-109364

FAX AUDIT # 45000 244233

ARTICLES OF ORGANIZATION OF Harbor Club St Augustine, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Harbor Club St Augustine, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 17159 Cassava Way, Boca Raton, Florida 33487.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Joseph Field, 17159 Cassava Way, Boca Raton, Florida 33487. Located in the County of Palm Beach.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Joseph Field, 17159 Cassava Way, Boca Raton, Florida 33487

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 52217

Date: October 12, 2007

WI 53717

(608) 827-5300

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FAX AUDIT # HOTOSOCILOUS 3

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Harbor Club St Augustine, LLC

The name and address of the registered agent and office is Joseph Field, 17159 Cassava Way, Boca Raton, Florida 33487. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: Dot 23, 2007

FILED 07 OCT 29 AM 8:51 SECRITARY OF STATE VILLAHASSEE, FLORIDA