

L 07000124078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

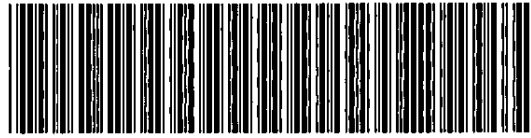
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BTC 12/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 360668 4325163

AUTHORIZATION :

COST LIMIT : 5,155.00

Spencer

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07 DEC 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 13, 2007

ORDER TIME : 4:33 PM

ORDER NO. : 360668-005

CUSTOMER NO: 4325163

DOMESTIC FILING

NAME: PLOVER ASSOCIATES, L.L.C.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Plover Associates, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

429 S. Beach Road
Hobe Sound, FL 33455

Mailing Address:

429 S. Beach Road
Hobe Sound, FL 33455

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:

Thomas A. Domencich

Name

429 S. Beach Road

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

Hobe Sound, FL 33455

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..

X Thomas Domencich

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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 Member

The sole Manager is:

MGR

**Thomas A. Domencich
429 S. Beach Road
Hobe Sound, FL 33455**

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 the affirmation under penalties of perjury that the facts stated herein are true.)

Thomas A. Domencich

Typed or printed name of signer