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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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

L. SELLERS

FEB 12 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

harbour drive, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION  
OF  
HARBOUR DRIVE, LLC

ARTICLE I. NAME

The name of the Limited Liability Company is: HARBOUR DRIVE, LLC.

ARTICLE II. ADDRESS

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

JAX Asset Debt Management, Inc.  
93 Players Club Villas  
Ponte Vedra Beach, Florida 32082

ARTICLE III. DURATION

Perpetual

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

JAX Asset Debt Management, Inc.  
Garry Nelson, President  
93 Players Club Villas  
Ponte Vedra Beach, Florida 32082

X   
Garry Nelson, President

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

ARTICLE V. ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Pursuant to the Operating Agreement

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**ARTICLE VI. MEMBER RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Pursuant to the Operating Agreement

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited Liability company is:

HARBOUR DRIVE, LLC

2. The name and address of the registered agent is:

James M. Painter, Esq.  
James M. Painter, P.A.  
1300 North Federal Highway, Suite 110  
Boca Raton, Florida 33432

*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.*

  
James M. Painter, President, James M. Painter, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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