

AUG. 11. 2008 3:38PM

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NO. 211

P. 1

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

*File 15
this is GP
for H08000192359 3*

FILED
08 AUG 11 AM 8:06
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LF2 TITUSVILLE GP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

D. BRUCE

AUG 12 2008

EXAMINER

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08 AUG 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LF2 Titusville GP LLC

(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:

2851 John Street, Suite One

Markham, Ontario L3R 5R7

Mailing Address:

2851 John Street, Suite One

Markham, Ontario L3R 5R7

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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 Shawn C. Aray

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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08 AUG 11 AM 8:56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John Preston

4650 Donald Ross Road, Suite 200

Palm Beach Gardens, FL 33418

MGR

Robert Green

2851 John Street, Suite One

Markham, Ontario L3R 5R7

MGR

Stephen Preston

2851 John Street, Suite One

Markham, Ontario L3R 5R7

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.400(3), Florida Statutes, the secretary of this document certifies on certification under the penalties of perjury that the above stated facts are true.)

John Preston

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)