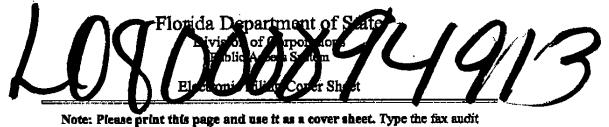
Division of Corporations

Page 1 of 1



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Division of Corporations

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: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL,

Account Number : 076077000521 1 (954) 527-2428

Fax Number . . i. (954)333-4001

CORIDA/FOREIGN LIMITED LIABILITY CO.

Oak Lodge Golf, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
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200 East Broward Boulevard
Fort Lauderdale, Florida 33301
(954) 764-6660 Main Office
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ARTICLES OF ORGANIZATION OF OAK LODGE GOLF, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. <u>NAME</u>. The name of the Limited Liability Company is OAK LODGE GOLF, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing end street address for the Company is: 1490 Highway A1A; Suite 301, Satellite Beach, Florida 32937.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Thorgeir Ibsen, 1490 Highway AlA, Suite 301, Satellite Beach, Florida 32937.
- 4. MANAGEMENT. The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company. The initial manager shall be SPAC, LLC, 1490 Highway A1A, Suite 301, Satellite Beach, Florida 32937.

The undersigned has executed these Articles of Organization on the 11 day of September, 2008.

Thorgeir Ibsen, Authorized Person

)8 OCT -7 AM 9:02 SECRETARY OF STATE ALLAHASSEF FLORIDA

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

- 1. The name of the limited liability company is: SPAC, LLC.
- 2. The name and address of the registered agent and office is:

Thorgair Ibsen 1490 Highway A1A, Suite 301 Satellite Beach, Florida 32937

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 its 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.

Thorgest Ibeen, Registered Agent

(Date)

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SECRETARY OF STATE

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