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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

QRIDA/FOREIGN LIMITED LIABILITY CO.

1400 HILLMOOR 105, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

1400 HILLMOOR 105, LLC

ARTICLE II ADDRESS

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

400 S U.S. HIGHWAY ONE, #4 JUPITER, FLORIDA 33477

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

DOUGLAS RAWLS GIRVIN, P.A. 108 INTRACOASTAL POINTE DRIVE, STE 300 JUPITER, FLORIDA 33477

Having been named as registered agent 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.

DOUGLAS & GIRVIN / Registered Agent's signature

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SECRETARY OF INJUING DIVISION OF CORPORATION

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
KATHLEEN P. CULLIFER REVOCABLE TRUST
400 S U.S. HIGHWAY ONE, #4
JUPITER, FLORIDA 33477

X C. 70 Coo D. C. OO o 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 an affirmation under the penalties of perjury that the facts stated herein are true.

KATHLEEN P. CULLIFER