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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ST Homes LLC

Certificate of Status	0
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J. BRYAN

JUN - 8 2009

EXAMINER

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ARTICLES OF ORGANIZATION OF ST Homes LLC

ARTICLE I

NAME

The name of the limited liability company shall be: ST Homes LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3164 Davis Blvd, Naples, Florida 34104.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William Cleary, 3164 Davis Blvd, Naples, Florida 34104. Located in the County of Collier.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Tera Garulay, 3164 Davis Blvd, Naples, Florida 34104 Sally Anne Ellert, 581 Spring Lane, Naples, Florida 34102

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

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(608) 827-5300

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Date: June 2, 2009

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

The name of the limited liability company is: ST Homes LLC

The name and address of the registered agent and office is William Cleary, 3164 Davis Blvd, Naples, Florida 34104. Located in the County of Collier.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

William Clear

Date: 6/4/2009

Andrea Shackerford My Commission 00532945 Expires 03/26/2010

Notary Public State of Florida

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