Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SKIPPER SULLY HOLDING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

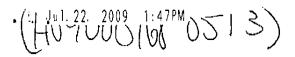
The name of the Limited Liability Company is	:
SKIPPER SULLY F (Must end with the words "Limited Liab	HOLDING, LLC ility Company,""LL.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
353 SOUTH US HIGHWAY 1 JUPITER, FL 33477	1108 VAN BUREN PLACE BAI DWIN, NY 11510
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	stered Agent. You must designate an individual designate an individual
The name and the Florida street address of the	registered agent are:
DEIDRE S	
Nam	•
353 SOUTH U	S HIGHWAY 1
Florida street address (P.C	D. Box NOT acceptable)
JUPITER City, State,	FL 33477 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: lember
MGRM	DEIDRE SULLIVAN 1108 VAN BUREN PLACE BALDWIN, NY 11510
(Use attachment if necess	sary)
ICLE V: Effective date, if o	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pr
REQUIRED SIGNATU	RE: Duche Sallun
0:	re of a member or an authorized representative of a member.
(In according to this d	rdance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)