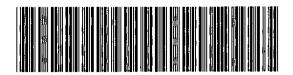
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Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 15, 2009

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re: Or

Order #: 7678237 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Secretary of State, Florida:

Please obtain the following:

Mercedes Homes, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

OOCT 15 PM 2: 1"

CKOrp

October 15, 2009

Chris McNeair Assistant Secretary

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301



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Sincerely,

Christina McNeair CL Operations Specialist Christina.McNeair@wolterskluwer.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP **ARTICLE I - Name:** The name of the Limited Liability Company is: Mercedes Homes, 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:** Mailing Address: Suite 501 Suite 501 6905 North Wickham Road 6905 North Wickham Road Melbourne, Florida 32940 Melbourne, Florida, 32940 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: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation 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 registered agent as provided for in Chapter 608, F.S.. accept the obligations of my position as

(CONTINUED)

Page 1 of 3

Tampa: #112531 v2

XXOV SQXX

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"NACD" - NASSA		Name and Address:
"MGR" = Mana "MGRM" = Mar	-	
MGRM		Real Estate Investment Ventures, LLC 6905 N. Wickham Road, Suite 501 Melbourne, Florida 32940
(Use attachment	if necessary)	
CLE V: Effective effective date is lis	date, if other than the	date of filing: (OPTIONAL e specific and cannot be more than five business days
CLE V: Effective	date, if other than the sted, the date must be ate of filing.) GNATURE:	date of filing: (OPTIONAL e specific and cannot be more than five business days
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CLE V: Effective effective date is lis 00 days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated her	date of filing: (OPTIONAL e specific and cannot be more than five business days er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)