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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
LF2 RIVERSIDE GP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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J. BRYAN

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LF2 RIVERSIDE GP LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray
(Name of Person)

Triad Professional Services, LLC
(Firm/Company)

2050 Marconi Drive, Ste. 150
(Address)

Alpharetta, GA 30005
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LF2 RIVERSIDE GP 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:

4650 Donald Ross Road, Suite 200
Palm Beach Gardens, FL 33418

Mailing Address:

2851 John Street, Suite One
Markham, Ontario L3R 5R7

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

NRAI Services, Inc.

By: Sharon K. Gray

Registered Agent's Signature (REQUIRED)

Sharon K. Gray, Assistant Secretary

(CONTINUED)

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	John W.S. Preston 4650 Donald Ross Road, Suite 200 Palm Beach Gardens, FL 33418
<u>MGR</u>	Robert S. Green 2851 John Street, Suite One Markham, Ontario L3R 5R7
<u>MGR</u>	Jeffrey Preston 4050 Donald Ross Road, Suite 200 Palm Beach Gardens, FL 33418
<u>See Attached</u>	See Attached for Additional Members

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



 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.)
 Jeffrey Preston

 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**ATTACHMENT TO ARTICLES OF ORGANIZATION
OF
LF2 RIVERSIDE GP LLC**

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

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Sterling Land and Shopping Center
Development Fund II-C, L.P.
2851 John Street, Suite One
Markham, Ontario L3R 5R7

MGRM

Sterling Land and Shopping Center
Development Fund II-S, L.P.
2851 John Street, Suite One
Markham, Ontario L3R 5R7

MGRM

Sterling Land and Shopping Center
Development Fund II-CDN, L.P.
2851 John Street, Suite One
Markham, Ontario L3R 5R7

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