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

L. SELLERS

From: Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

MAR 26 2010

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CSCHIRALDI@IMPRL.COM**FLORIDA LIMITED LIABILITY CO.
IMPERIAL SRC I, LLC**

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| Certificate of Status | 0 |
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**ATTORNEYS AT LAW**

ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202-5017
P. O. BOX 240
JACKSONVILLE, FL 32201-0240
TELEPHONE: 904.359.2000
FACSIMILE: 904.359.8700
WWW.FOLEY.COM

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| TO: | PHONE #: | FAX #: |
|---|--------------|--------------|
| LLC Formations Florida Department of State | 850.245.6939 | 850.617.6383 |

| |
|--|
| From : Valerie R. Hodge |
| Email Address : vhodge@foley.com |
| Sender's Direct Dial : |
| Date : March 25, 2010 |
| Client/Matter No : 084091-0102 |
| User ID No : 0408 |

MESSAGE:

Imperia SRC I, LLC

If there are any problems with this transmission or if you have not received all of the pages, please call 904.359.2000, extension 7307.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **IMPERIAL SRC I, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:
701 Park of Commerce Boulevard, Suite 301, Boca Raton, Florida 33487.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

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

Tallahassee, FL 32301

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 completed 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.

Capitol Corporate Services, Inc.

By: Gayle Windle

Gayle Windle, Assistant Secretary

(An additional article must be added if an effective date is requested)

X Antony Mitchell

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.)

Antony Mitchell, Authorized Representative

Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (OPTIONAL)

\$5.00 Certificate of Status (OPTIONAL)

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