L10000057396

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000125709 3)))

H10000125709 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
10 MAY 27 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305)358 6300
Fax Number : (305)381 9982

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Artesia Genpar II, LLC

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

RECEIVED
10 MAY 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

J. BRYAN
MAY 28 2010
EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe 5/27/2010

MAY-27-2010 15:44 From: To:850 617 6381 P.1/4

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ARTESIA GENPAR II, LLC

ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is:

300 Beach Drive, NE, Suite 2403
St. Petersburg, Florida 33701

The mailing address of the Limited Liability Company is:

P.O. Box 309, Ugland House
Grand Cayman, KY1-1104
Cayman Islands

FILED
10 MAY 27 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company shall be managed by the member(s) of the Limited Liability Company (who shall be designated "Manager(s)") and is, therefore, a member-managed company. The name and address of the initial Manager of the Limited Liability Company are:

NAME	ADDRESS
Artesia Advisors II, Inc.	P.O. Box 309, Ugland House Grand Cayman, KY1-1104 Cayman Islands

ARTICLE V - Registered Agent and Office

The name and address of the initial registered agent of the Limited Liability Company is:

Corporation Company of Miami
201 S. Biscayne Boulevard, Suite 1500 (BB)
Miami, FL 33131

Bowman Brown, Authorized Representative

(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.)

FILED
10 MAY 27 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIADOCS 4385882 1

H10000125709 3

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above-stated limited liability company at the address designated in the articles of organization pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Date: May 27, 2010.

CORPORATION COMPANY OF MIAMI

By: _____
Name: Timothy J. Murphy
Title: President

FILED
10 MAY 27 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA