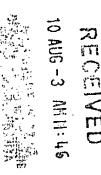
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(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WA!T	MAIL		
(Bi	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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B. KOHR

AUG - 3 2010

EXAMINER

10 AUG -3 PH 2 HL

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08-03-10

NAME:

STUART FEDERAL PG, LLC

TYPE OF FILING: FLORIDA LIMITED LIABILITY COMPANY

COST:

160.00

RETURN: CERTIFIED COPY & GOOD STANDING CERTIFICATE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE(

COVER LETTER

то:	Registration Division of C			
SUBJE	CT: Stuart Fo			
		Name of Limit	ted Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corres	pondence concerning this mat	tter to the following:	·
	Suzanne A. Mu	lvihill		
-			Name of Person	
	CVM Law Gro	up, LLC		
			Firm/Company	
8	3795 Folsom Bl	vd., Suite 200		
			Address	
	Sacramento, CA	95826		
			ty/State and Zip Code	
-	mulvihill@cvn		for future annual report notification)	
For furt	her information	concerning this matter, pleas	e call:	
Suzanne	A. Mulvihill		at (916)381-6171	
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclose	ed is a check fo	or the following amount:		
□\$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	%
The name of the Limited Liability Company is:	To the second se
Stuart Federal PG, LLC	
(Must end with the words 'Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8775 Folsom Blvd., Suite 200	8775 Folsom Blvd., Suite 200
Sacramento, CA 95826	Sacramento, CA 95826
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Registered Agent Solutions, Inc.	
Name	
155 Office Plaza Drive, Suite A	
Florida street ad	dress (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, St	ate, 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 Solutions, Inc.

Registered Agent's Signature (REQUIRED) ASST. Socretary

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR PI Properties DE, LLC 8775 Folsom Blvd., Suite 200 Sacramento, CA 95826 (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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Suzanne A. Mulvihill

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee