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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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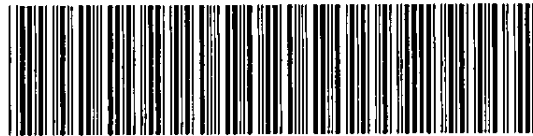
(Business Entity Name)

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10 SEP 17 PM 4:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

SEP 20 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 17 PM 4:55

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
10 SEP 17 PM 4:55

CONTACT: KATIE WONSCH

DATE: 09/17/2010

REF. #: 000466.132222

CORP. NAME: SOUTH BIMINI (FLORIDA), LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 536595 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SOUTH BIMINI (FLORIDA), LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 17 PM 4:55

ARTICLE I. Name: The name of the Limited Liability Company is SOUTH BIMINI (FLORIDA), LLC (the "Company").

ARTICLE II. Address: The mailing address of the principal office of the Company 100 South Biscayne Boulevard, 15th Floor, Miami, FL 33131. The street address of the principal office of the Company is 100 South Biscayne Boulevard, 15th Floor, Miami, FL 33131.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

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 in Chapter 608, Florida Statutes.

NRAI Services, Inc.

By: Kati Wonsch, Asst. Sec.

ARTICLE IV. Management: The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager is:

Hugh Westbrook
100 South Biscayne Boulevard, 15th Floor
Miami, FL 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17th day of September, 2010.

Robert J. Robes
Robert J. Robes, Authorized Person

(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.)