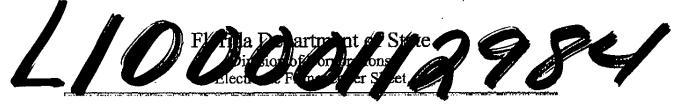
Division of Corporations

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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.

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. SEYBOLD CANAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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OCT 29 2010

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: Seybold Canal, LLC

## ARTICLE II - Address:

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

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
4000 Malaga Avenue	4000 Malaga Avenue
Coral Gables, Florida 33130	
	En o
ARTICLE III - Registered (The Limited Liability Company calm business entity with an active Florida	
The name and the Florida str	ect address of the registered agent are:
Susaha	ext address of the registered agent are:
	Name
267 N	linorca Avenue Suite 100
	Florida street address (P.O. Box NOT acceptable)
Cora G	ables 33134
	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 project 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..

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Grueninger Law Group, P.A.
	267 Minorca Avenue, Suite 100
	Coral Gables, Florida 33134
**************************************	
(Use attachment if necessary)	<i>*</i>
•	(ATTIONIA
LE V: Effective date, if other than the fective date is listed, the date must h	e date of filing: (OPTIONA be specific and cannot be more than five business day
days after the date of filing.)	LLA LLA
REQUIRED SIGNATURE:	SSA S
Signature of a memb	er or an authorized representative of a member
(In accordance with section 60)	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts haved herein are true.
	is min hari-mean no harling a news sing strain namen statem in a sign,
I am aware that any false infor-	mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

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)