

L11000012115

(Requestor's Name)

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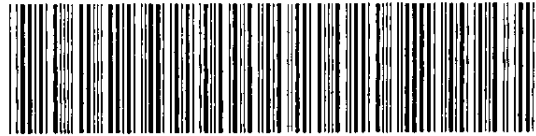
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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B. KOHR

JAN 28 2011

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 1/28/11

REF. #: 000466.140932

CORP. NAME: LIH MANAGEMENT, LLC

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- | | | |
|--|---|---|
| <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# 538305 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
LIH MANAGEMENT LLC

(a Florida limited liability company)

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Pursuant to Florida Statutes §608.407, the undersigned hereby submits the following Articles of Organization of **LIF MANAGEMENT LLC** for the purpose of forming a limited liability company under the laws of the State of Florida as of January 28, 2010.

ARTICLE I.

Name

The name of the Limited Liability Company is "**LIH Management LLC**" (the "**Company**").

ARTICLE II.

Principal Office

The mailing address and street address of the principal office of the Company is: 912 Channelside Drive, Tampa, Florida 33602.

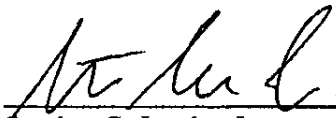
ARTICLE III.

Registered Agent

The name of the initial registered agent of the Company is **NRAI Services, Inc.**, and the street address of the Company's initial registered agent is **2731 Executive Park Drive, Suite 4, Weston, Florida 33331**.

[SIGNATURE ON THE FOLLOWING PAGE]

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization.


A handwritten signature in cursive script, appearing to read "Stanley G. Jacobs, Jr.", written over a horizontal line.

Stanley G. Jacobs, Jr.
Authorized Representative

Acceptance of Appointment of Registered Agent

NRAI SERVICES, INC., having been named the Registered Agent of **LOFTON ISLAND GP LLC**, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 608 of Florida Statutes.

NRAI SERVICES, INC.

By: 
Name: Michele Holden
Title: Assistant Secretary

Date: 01/28/11