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| (Req | uestor's Name) | |
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| (Addi | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | |
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B. KOHR MAR **3 1** 2011

EXAMINER

SECRETARY DE STATE
SECRETARY DE STATE
ORFORATION

11 MAR 30 AM 85 48



ACCOUNT NO. : I20000000195

REFERENCE : 727558 4355221

AUTHORIZATION : Trivial and a second and

EFFECTIVE DATE:

| | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP |
|-------------|--|
| <u>XX</u> . | ARTICLES OF ORGANIZATION |
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX | CERTIFIED COPY PLAIN STAMPED COPY |
| XX | CERTIFICATE OF GOOD STANDING |
| CONTACT | PERSON: Carina L. Dunlap - EXT. 2951 |
| | EXAMINER'S INITIALS: |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Oaks of Vero Partnership, LLC

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

ARTICLE II - Address:

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

| The maning address and sheet address of the pr | morphi office of the Billitea Blacking Comp. |
|---|--|
| Principal Office Address: | Mailing Address: |
| 1485 Whitehorse Road | 1485 Whitehorse Road |
| Toronto, Ontario | Toronto, Ontario |
| Canada M3J2Z2 | Canada M3J2Z2 |
| (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r | |
| Bruce Barkett, Esq. | |
| Name | |
| 756 Beachland B | lvd. |

Florida street address (P.O. Box NOT acceptable)

Vero Beach

_{FL} 32963

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 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's Signature (REQUIRED)

(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: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGR | Mark Johnson |
| | 1485 Whitehorse Road |
| | Toronto, Ontario, Canada M3J2Z2 |
| MGRM | Steven Reiken |
| | 16 Hi Mount Drive |
| | Toronto, Ontario, Canada M6B2K6 |
| MGRM | Claude Seguin Holding Company Ltd. |
| | 2797 White Street |
| | Val Caron, Ontario, Canada P3N1B2 |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other t | han the date of filing: (OPTIONAL must be specific and cannot be more than five business days |
| CLE V: Effective date, if other to effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a | must be specific and cannot be more than five business days Mic Mic Manager and cannot be more than five business days |
| CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmat 1 am aware that any fa | must be specific and cannot be more than five business days |

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)