

L12000003913

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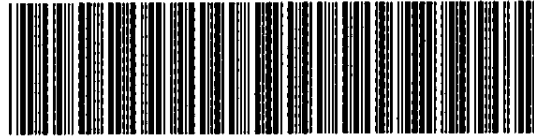
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EXAMINER



900216545549

01/10/12--01001--007 **125.00

RECEIVED
DEPARTMENT OF STATE
12 JAN - 9 PM 3:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN - 9 PM 4:06

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

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -9 PM 4:06

CONTACT: KATIE WONSCH

DATE: 01/09/2012

REF. #: 000314.159870

CORP. NAME: SEBASTIAN LAKES ENTERPRISES, 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# 542904 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
SEBASTIAN LAKES ENTERPRISES, LLC
(A Florida Limited Liability Company)**

Pursuant to the Florida Limited Liability Company Act, Fla. Stat. Ch. 608, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of the limited liability company is Sebastian Lakes Enterprises, LLC (the "Company").

**ARTICLE II
ADDRESS**

The mailing address of the Company is 48 EAST 57 STREET. The principal address of the Company is 48 EAST 57 STREET. NEW YORK, NY 10022
NEW YORK, NY 10022

**ARTICLE III
DURATION**

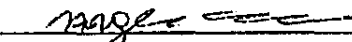
The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration until terminated in accordance with applicable law.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Company's initial registered agent is 515 E. Park Avenue Tallahassee, FL 32301. The name of the Company's initial registered agent at that office is NRAI Services, Inc.

IN WITNESS WHEREOF, the undersigned, being the Authorized Representative of the Company, has executed these Articles of Organization on behalf of the Company in accordance with the Act on January 4, 2012.

AUTHORIZED REPRESENTATIVE:


Angela Arabov

(In accordance with Fla. Stat. Ch. 608, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
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DIVISION OF CORPORATIONS
12 JAN 9 PM 4:06

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of Sebastian Lakes Enterprises, LLC, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on January 9, 2012.

NRAI SERVICES, INC.

By: Katie Wonsch

Name: Katie Wonsch

Title: Assistant Secretary