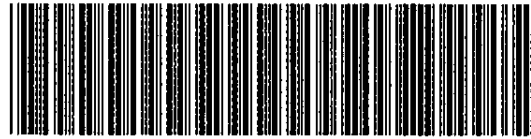


L130000 77165

FROM Lynn Reeves
712 U.S. Highway One, Suite 400
North Palm Beach, FL 33408



900247858279

BUSINESS
FIRST

(City, State, Zip/Phone #)

PICK-UP WAIT MAIL

05/22/13--01002--016 **130.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 28 2013

B. KOHR

FILED
13 MAY 24 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7859 STAGE, 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:

Principal Office Address:

6169 VIA VENETIA SOUTH
DELRAY BEACH, FL 33484

Mailing Address:

6169 VIA VENETIA SOUTH
DELRAY BEACH, FL 33484

FILED
13 MAY 24 PM 4:07
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILLIAM BELFORD

Name

6169 VIA VENETIA SOUTH

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

DELRAY BEACH FL 33484

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)

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:

MGRM

WILLIAM BELFORD

6189 VIA VENETIA SOUTH

DELRAY BEACH, FL 33484

MGRM

HOWARD BELFORD

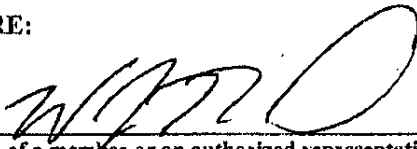
6189 VIA VENETIA SOUTH

DELRAY BEACH, FL 33484

(Use attachment if necessary)

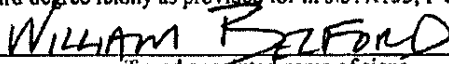
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Typed or printed name of signee

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)