

L14000036152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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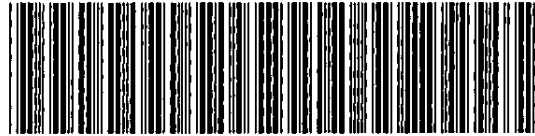
(Business Entity Name)

(Document Number)

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7.0004 MAR 14 2014

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CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 033637 8739A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : February 28, 2014

ORDER TIME : 9:23 AM

ORDER NO. : 033637-005

CUSTOMER NO: 8739A

DOMESTIC FILING

NAME: LB MERCHANT PDT-2, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
LB MERCHANT PDT-2, LLC**

Article I - Name: The name of the Limited Liability Company is LB Merchant PDT-2, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 1615 S. Congress Avenue, Suite 103, Delray Beach, Florida 33445.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are


Lyn Davis
1615 S. Congress Avenue, Suite 103
Delray Beach, FL 33445

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 605, F.S.


Lyn Davis

Article IV - Manager or Managing Member: The name and address of each person authorized to manage and control the limited liability company:

MGR: LBI Managers, LLC
1615 S. Congress Avenue, Suite 103
Delray Beach, Florida 33445.


Jonathan L. Shepard, Authorized Signatory
(In accordance with Section 605.0203(1)(b), 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.)

FILED
14 APR -3 AM 11:18
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