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Division of Corporations
 Florida Department of State
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To: Division of Corporations
 Fax Number : (850)617-6393

From: Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
 Account Number : I2000000210
 Phone : (561)713-2095
 Fax Number : (561)747-4113

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pjeck@jhrjpa.com

FLORIDA LIMITED LIABILITY CO.
 8824 Marina Bay, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8824 Marina Bay, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philippe Jeck, Esq.
Name of Person

Jeck, Harris, Raynor & Jones, P.A.
Firm/Company

790 Juno Ocean Walk, Suite 600
Address

Juno Beach, FL 33408-1121
City/State and Zip Code

pleck@jhripa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hnasko at (561) 713-2084
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

8824 Marina Bay, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>8985 SE Bridge Road</u>	<u>8985 SE Bridge Road</u>
<u>Hobe Sound, FL 33455</u>	<u>Hobe Sound, FL 33455</u>

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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.)

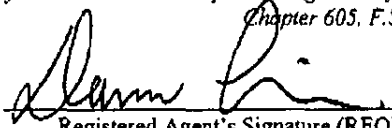
The name and the Florida street address of the registered agent are:

Jack, Harris, Raynor & Jones, P.A.
Name

790 Juno Ocean Walk, Suite 600
Florida street address (P.O. Box NOT acceptable)

Juno Beach FL 33408-1121
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Andrew Belford
8885 SE Bridge Road
Hobe Sound, FL 33455

MGR

Charles R. Modica
8885 SE Bridge Road
Hobe Sound, FL 33455

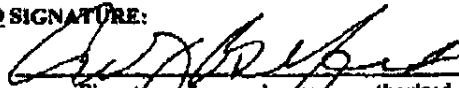
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(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0103 (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.)

Andrew Belford

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)