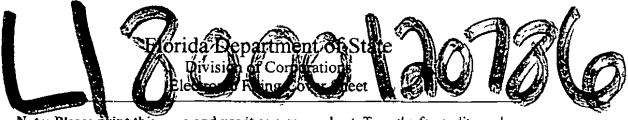
Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : 119990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email	Address
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18 MAY 15 AH SEAL

## FLORIDA LIMITED LIABILITY CO.

## Saratoga Guarantor SPE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

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## ACTUS ES OCODICANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:				
Saratoga Guaranto	r SPE, LLC ntain the words "Limited L	ishility Company.	L.L.C" or "[.l.C.")		
ARTICLE II - Address: The mailing address and street					
	ion   Office Address:		Mailing Address:		
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715 West Dania Be Dania Beach, FL 3  ARTICLE III - Registered A	3004	Fort Attn.	anderdale, FL 33308 David N. Tolces t's Signature:		
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Having been named as registered agent and to accept service of process for the above stated limited furthing 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 occept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Fithe date inserted in this block does not meet the applicable statutory. Itting requirements, this date with the iment's effective date on the Department of State's records.	Title:	Name and Address:
AMBR  Dania Beach Quality Housing Solutions, Inc. 3099 E. Commercial Blyd., Ste. 200  For Lauderdale, FL 13108  ARE USWO N. Tologs  LE V: Effective date, if other than the date of filing: (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  File date inserted in this block does not meet the applicable statutory filing requirements, this date will not mem's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized refresentative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes I am aware that any laise hiformation submitted the document to the Department of State constitutes a third degree felony as provided for in s.R17.155, F.S.  Jennifer Vinciquerra  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member	
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