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Division of Corporations

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number: 120030000004 Phone : (407)835-6769 Fax Number : (407)843-4076

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

Email Address:

corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO. STERLING GROUP GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Company is as follows:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is: STERLING GROUP GP LLC ARTICLE II - Address The mailing address and the street address of the principal office of the Limited: Liability

20 Rivermede Road, Suite 204 Concord, ON L4K 3N3

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be: Vincent Pugliese, 20 Rivermede Road, Suite 204, Concord, ON L4K 3N3

ARTICLE IV - Registered Agent and Office and Registered Agent's Signature

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

CORPORATION COMPANY OF ORLANDO 300 South Orange Avenue, Suite 1600 (MDT) Orlando, Florida 32801

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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO (Registered Agent's Signature) Vice President Signature of a member or an authorized representative of a member. _, as Authorized Representative (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. Florida Statutes)