Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\frac{C}{T}$

Email Address:

FLORIDA LIMITED LIABILITY CO.

2100 Cascades Manager LLC

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

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ARTICLES OF ORGANIZATION OF 2100 CASCADES MANAGER LLC

ARTICLE I: - Name

The name of the Limited Liability Company is 2100 Cascades Manager LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Duncan Hillsley Capital, LLC

7900 Glades Road

Suite 500

Boca Raton, Florida 33434

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

Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach, Florida 33408

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.

CORPORATE CREATIONS NETWORK INC., as Registered Agent

/s/ Sea	an Arno
Name:	Sean Amo
Title	Special Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title</u>: <u>Name and Address:</u>

MGR DHC 2100 Cascades LLC 7900 Glades Road, Suite 500

Boca Raton, Florida 33434

15612148442

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on

Shane Hillsley, authorized representative of a Member

(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 Section 817.155, Florida Statutes.)

Shane Hillsley
Typed or printed name of signee