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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC	2
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-6243	•
PLEASE USE FUNDS FROM ACCT: 1202100	00 <u>16</u> 0
AUTHORIZATION SIGNATURE:	la the
St. Lucie River Developments LLC	(N) 1 (C)
Business Name Doc	ument Number, (if known):
Walk in	Pick up time
	wen :
Mail out	Will wait
Photocopy	
r notocopy	
Certified Copy of Articles of Organization	
X Certificate of Status	
NEW PH INCC	ARABADRIDRADRITC
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
XLimited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
OTHER FILINGS	MICHIGINATION QUALITY TO THE
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
A DOCTH	Statement of Revocation of Dissolution Other
APOSTIL Country	Oulei
Country	

EXAMINER'S INITIALS:_____

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJEC	CT: St. Luci	e River Developmen	ts LLC			
		N	ame of Lim	nited Liabili	ty Сотрапу	
The enc	losed Articles of	f Organization an	d fee(s) are	e submitted	for filing.	
Please re	eturn all corresp	ondence concern	ing this ma	itter to the f	ollowing:	
				Jeffrey S. I	taynor	
				Name of	Person	
	Jeck, Harris, Raynor & Jones P.A.					
	Firm/Company					
		790 Juno Ocean Walk, Suite 600				
				Addre	ess	
				Juno Beach, f		
				ity/State and mes.Dodds@t	1 Zip Code Isecurities com	
	· · · ·	E-mail address: (to be used	for future a	nnual report notifica	tion)
For further	er information co	oncerning this ma	itter, please	e call:		
	Jeffrey S. Rayı	nor	at (5	661) 713-2096	
	Nan	ne of Person	A	rea Code	Daytime Telepho	ne Number
Enclose	d is a check for	the following am	ount:			
□\$125	.00 Filing Fee	⊠\$130.00 Fi Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Filing Section			Street Address New Filing Section [Division
	Division of Corporations		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLESOF	ORGANIZATION FOR	CFLORIDATAN	HTED LIABILITY COMPANY		
	E 1 - Name: of the Limited Liabilit	y Company is:				
	St. Lucie River Deve		H ighility Com	pany, "L.L.C.," or "LLC.")		
	(ividst conte	in the words Eminee	i Diaonity Con	party, E.E.C., or EEC.		
	E II - Address: ing address and street ac	Idress of the principal	office of the Li	mited Liability Company is:		
Principal Office Address:				Mailing Address:		
	113 Walker Ave, Toronto, ON M4V IG3, Canada			113 Walker Ave, Toronto, ON M4V 1G3, Canada		
(The Lim another 1	E III - Registered Age ited Liability Company ousiness entity with an a	cannot serve as its ow ective Florida registrat	m Registered A ion.)	l Agent's Signature: gent. You must designate an individual or		
		-	-			
		Jeck, Harris, Rayno	Name	·		
		790 Juno Ocean Wa Florida street addre Juno Beach	<u> </u>	IOT acceptable)		
		City	State	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..

Edward A. Proenza

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEC: SALLAHASSEE, FI

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	James Dodds
	113 Walker Ave, Toronto, ON M4V 1G3, Canada
MGR	Dale S. Wishewan
	# 205, 8915 51 Ave, Edmonton, Alberta T6E 513, Canada
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	James Dodds
This document is exec I am aware that any fal	nember or an authorized representative of a member. Entered in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
James Dodds, A	uthorized Representative
	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)