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:

15612148442

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.\*\*

Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

## Maingate Garden, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

15612148442

ARTICLES OF ORGANIZATION FOR FLORE	DALIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
The name of the Edition District Company to	
Maingate Garden, LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of  Principal Office Address:	f the Limited Liability Company is:  Mailing Address:
c/o SCG America	c/o SCG America
12966 Euclid Street, Suite 300	12966 Euclid Street, Suite 300
Garden Grove, CA 92840	Garden Grove, CA 92840
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	tered Agent. You must designate an individual or
Comorate Creations Netwo	rk Inc.

Name 801 US Highway 1 Florida street address (P.O. Box NOT acceptable) North Palm Beach 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..

> Saray Djidji, Special Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Investel Development LLC c/o SCG America, 12966 Euclid Street, Suite 300 Garden Grove, CA 92840
(Use attachment if necessary)	
on par por 2 de 16 de de 16 de	the contract (APTIONAL)
effective date is listed, the date must be te of filing.)  If the date inserted in this block does it	date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior to or 90 of  not meet the applicable statutory filing requirements, this date will not be ment of State's records.
effective date is listed, the date must be te of filing.)  If the date inserted in this block does becoment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
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effective date is listed, the date must be to of filing.)  If the date inserted in this block does becoment's effective date on the Department's effective d	not meet the applicable statutory filing requirements, this date will not liment of State's records.  /s/ Erich Eisenegger  a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. realse information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

Filine 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)

